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SECRETARY OF STATE.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Killavar Energy C	oncepts, Inc.	
DOCUMENT NUM	P08000066003		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Kimberly Sapp		
		Name of Contact Person	n
	Kimberly L. Sapp, P.A.		
		Firm/ Company	
	15 N. Oak Avenue		
		Address	
	Lake Placid, Florida 33852		
		City/ State and Zip Cod	e
kim	sapp@sapplawpa.com		
		sed for future annual report	notification)
	•		-
For further informati	ion concerning this matter, pleas	se call:	
Kimberly Sapp		at (4657278
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

	of		
KILLAVAR ENERGY CONCEPTS, INC	C.		
(Name o	f Corporation as current	y filed with the Florida Dept. of State)	
P08000066093			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
T CAUFFIELD PUMP SERVICE, INC.		The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		168 Orday Road	
		Sebring, Florida 33875	
		168 Orday Road Sebring, Florida 33875	
D. If amending the registered agent an new registered agent and/or the nev			
Name of New Registered Agent Kimberly L. Sapp			
	15 N. Oak Ave		
	(Florida st	reet address)	
New Registered Office Address:	Lake Placid	, Florida 33852	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	with and accept the obligations of the position.	
Lyn	by Signature of New	Registered Agent, if changing SS NO	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If an amendment provides for an exchange, reclassification, o provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained	
	cancellation of issued shares, n the amendment itself:
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14891 / make a	

01/01/2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
, , ,	
Effective date if applicable: (no more	than 90 days after amendment file date)
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Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the rds.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	s. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) w	as/were sufficient for approval
by(voting group)	**
(voting group)	
☐ The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporato action was not required.	rs without shareholder action and shareholder
02/10/2017 Dated	
Signature 7 Cauffield	
(By a director, president or other	er officer - if directors or officers have not been
selected, by an incorporator – i appointed fiduciary by that fidu	f in the hands of a receiver, trustee, or other court aciary)
Trevor Cauffield	
(Typed or pa	rinted name of person signing)
President	
	Title of person signing)