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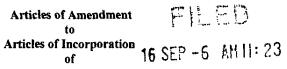
ć.

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Knibilt Corporation, Inc. DOCUMENT NUMBER: 277302 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lowell J. Chick Name of Contact Person Knibilt Corporation, Inc. Firm/ Company 115 SW 89th Way Address Coral Springs, FL 33071 City/ State and Zip Code lowell@chickkaro.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 753-7957

Area Code & Daytime Telephone Number Lowell J. Chick Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



Knibilt Corporation, Inc.		SECKETANY : Block.			
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)			
277302					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)			
A. If amending name, enter the new n	ame of the corporation:				
N/A		The new			
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:		N/A			
(Principal office address <u>MUST BE A S</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		% Chick & Karo CPA's PA			
,		115 SW 89th Way			
		Coral Springs, FL 33071			
D. If amending the registered agent an new registered agent and/or the ne					
	Lowell J. Chick	<u>55.</u>			
Name of New Registered Agent	115 SW 89th Way				
		treet address)			
New Registered Office Address:	Coral Springs	33071			
		(City) , Florida (Zip Code)			
New Registered Agent's Signature, if o					
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position.			
	/1//	1///			
	Signature of Nav	Pagistanad Agast if abayaisa			

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	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change	PD	Knight, Edward B	336 Duval Street				
Add			Key West, FL 33040				
x Remove							
2) Change	PD	Gardner Jr., Claude	336 Duval Street				
x Add			Key West, FL 33040				
Remove							
3) Change	SD	Christian, Velma L	906 16th Terrace				
x Add			Key West, FL 33040				
Remove							
4) Change	TD	Chick, Lowell J	115 SW 89th Way				
xAdd			Coral Springs, FL 33071				
Remove							
5) Change							
Add							
· Remove							
6) Change		_					
Add							
Remove							

(Attach additional sheets, if necessary). (Be specific)								
N/A		, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,). (<u>-</u> <u>F</u>	- 39/				
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If an am	endment pro	vides for an e	xchange, rec	lassification,	or cancellat	ion of issued	shares,	
provision (if i	ons for imple not applicable	menting the a	<u>mendment ()</u>	not contain	ed in the ame	endment itsel	<u>f:</u>	
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N/A	, if other than the
The date of each amendment(s) adoption:	, if omer man me
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
9/02/2016	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Lowell J. Chick	
(Typed or printed name of person signing)	
Treasurer, Director	
(Title of person signing)	