

F19 0000002463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

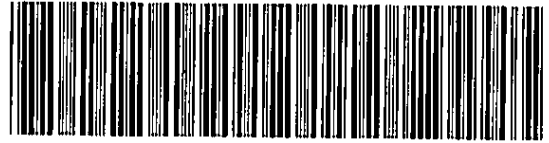
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300367923953

W21-104478

08/03/21--01010--128 **43.75

N/c & Amend

SECRETARY OF STATE
-711 WASHINGTON, DC 20540

2021 OCT 18 AM 9:44

FILED

OCT 19 2021
A RAMSEY

*00789 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2021

KOFI A. OBENG
KINFOLK SPIRITS INC.
2020 NORTH BAYSHORE DR, APT 2706
MIAMI, FL 33137 US

SUBJECT: CREATIVE ARTISAN BRANDS, INC.
Ref. Number: F19000002463

We have received your document for CREATIVE ARTISAN BRANDS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a Florida profit corporation and your entity is a foreign (out of state) corporation. I have enclosed the correct form for you to fill out and return to us. Please include a certificate from Delaware that is no more than 90 days old showing the name change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 921A00017196

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CREATIVE ARTISAN BRANDS, INC
Name of Corporation

DOCUMENT NUMBER: F19000002463

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KOFI A. EBENG
Name of Contact Person

KINFOLK SPIRITS, INC.
Firm/Company

2020 NORTH BAYSHORE DRIVE
Address

MIAMI, FL 33137
City/State and Zip Code

kofi@creativeartisanbrands.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kofi Ebeng at (845) 263 6911
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000002968

(Document number of corporation (if known))

1. CREATIVE ARTISAN BRANDS INC.

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

(Incorporated under laws of)

05/15/2019

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 2-16-21

5. KINFOLK SPIRITS INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
2021 OCT 18 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Kofi Obeng</u>	<u>2020 North Bayshore Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33137</u>	<input type="checkbox"/> Remove
<u>CEO</u>	<u>William Ralph Birt III</u>	<u>78 W. 85th Street, Apt 4A</u>	<input type="checkbox"/> Add
		<u>New York, NY 10024</u>	<input checked="" type="checkbox"/> Remove
<u>Vice President</u>	<u>Whitaker Rodgers Birt</u>	<u>78 W. 85th Street, Apt 4A</u>	<input type="checkbox"/> Add
		<u>New York, NY 10024</u>	<input checked="" type="checkbox"/> Remove
<u>Director</u>	<u>David McCallen</u>	<u>2339 Calelonian Street</u>	<input type="checkbox"/> Add
		<u>Clermont, FL 34711</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

KOFI OBENG

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CREATIVE ARTISAN BRANDS, INC." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "KINFOLK SPIRITS INC.", ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2021, AT 2:12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KINFOLK SPIRITS INC.", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID CORPORATION.



6840395 8321
SR# 20213492699

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204394787
Date: 10-12-21