K35369

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MC Aprend, 1-9-13 DC-

COVER LETTER

TO: Amendment Section **Division of Corporations** LKF Services (new name) K35369 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Linn M. Farrior Name of Contact Person LKF Services, Inc. Firm/ Company 11812 Old Course Rd. Cantonment, FL 32533 City/ State and Zip Code Ifarrior53@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \ (\underline{ 850} \underbrace{)}_{Area\ Code} \underbrace{ 982\text{-}2616}_{\&\ Daytime\ Telephone\ Number}$ Linn M. Farrior Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Keegan Temps, Inc.

(Name of Corporation as	currently filed with th	e Florida Dept. of State)	tt see Ti-	
K3536	69		18 m	<u>. </u>
(Documen	t Number of Corporatio	n (if known)	Mer en	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, tl	nis <i>Florida Profit Corporatio</i>	n adopts the following	ي ' ي g amendment(s)
A. If amending name, enter the new na	me of the corporation:		,	,
LKF S	Services, Inc			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," o	r "Co". A professional corp	orporated" or the ac poration name must	bbreviation
B. Enter new principal office address,		11812 Old Cou	ırse Rd.	
(Principal office address MUST BE A ST		Cantonment, F	L 32533	-
C. Enter new mailing address, if applia (Mailing address MAY BE A POST C		PMB # 40 W. N Pensaco	109 line Mile la, FL 3	RD#73534
D. If amending the registered agent an	d/or registered office a	ddress in Florida, enter the	name of the	
new registered agent and/or the new Name of New Registered Agent	Same	<u> </u>		
	(Florida	a street address)		
New Registered Office Address:	Same	, Flor	rida	
Hen negistered Office ridaress.	(0	City)	(Zip Code)	-
New Registered Agent's Signature, if cl I hereby accept the appointment as regist Signature.		ar with and accept the obliga	itions of the position.	

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	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	PCEO	Linn M.Farrior	11812 Old Course Rd.
Add			Cantonment, FL 32533
Remove			
2) Change	VCFO	Keith Farrior	11812 Old Course Rd.
X Add			Cantonment, FL 32533
Remove			
3) Change			
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding : tach additional sheets,	, if necessary).	(Be specific)				
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n amendment provider ovisions for implementations for implementations.	aes for an exch	ange, reciassii	ication, or can	cellation of iss	ued shares,	
(if not applicable, in	ndicate N/4)	iament it not	contained in th	e amenument	Hacili	
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The date of each amendment(s) adoption: 12/26/12
Effective date if applicable: 12/26/12
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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)
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.
Dated 12/26/12 Signature M. Parud
(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)
Linn M. Farrior
(Typed or printed name of person signing)
President
(Title of person signing)