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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KontakAyiti, II	nc	
DOCUMENT NUM	BER: N10000000606		
The enclosed <i>Articles</i>	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
<u></u> -	Carr	mel Gourdet	
	(Name o	f Contact Person)	
	(Firm	n/ Company)	
		te Road 7, Ste C1	
	(Address)	
		aton, FL 33498 tte and Zip Code)	<u> </u>
	, ,	•	
	E-mail address: (to be use	o@gmail.com ed for future annual report notif	ication)
For further information	on concerning this matter, pleas	e call:	
Carmel Gourdet		at (561) 488-8	
(Name	of Contact Person)	(Area Code & Day	rtime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departm	ent of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address	·
Amendment Section Division of Corporations		Amendment Section Division of Corpora	•
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cer	nter Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KontakAyiti, Inc		
(Name of Corporation as currently filed with the Florida Dept. of State)		
N1000000606		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
Wheels Of Progress, Inc		
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.		
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)		
D. 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:		
New Registered Office Address: (Florida street address)		
, Florida		
(City) (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

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
S Guy-Mary Desruisseaux	8275 NW 1st Street Coral Springs, FL 33071	☑ Add □ Remove	
			☐ Add☐ Remove
E. If amend (attach ad	ling or adding additional Articles, ent additional sheets, if necessary). (Be spe	ter change(s) here: ecific)	
		,	

The date of each amendment(s) adopti	ion:04-27-2010
Effective date if applicable:	(date of adoption is required) 04-27-2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated04-	27-2010
Signature (
have not beer	man or vice chairman of the board, president or other officer-if directors a selected, by an incorporator — if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
	Carmel Gourdet
	(Typed or printed name of person signing)
	President
	(Title of person signing)