

N1300000 5277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

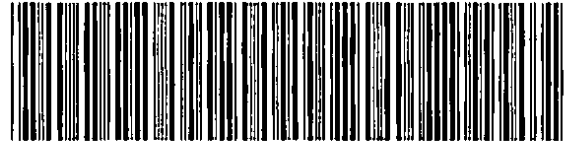
(Business Entity Name)

(Document Number)

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02/15/19--01009--017 **35.00

2019 FEB 15 AM 10:35
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ATLANTA SE. FLORES

FEB 22 2019
C. J. L. L. L.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KIT-NIP, INC

DOCUMENT NUMBER: N13000005277

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Swabb

(Name of Contact Person)

KIT-NIP, INC.

(Firm/ Company)

PO Box 1313

(Address)

Port Salerno, FL 34992

(City/ State and Zip Code)

Tcbonitoblast@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Swabb

772

708-6442

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

2019 FEB 15 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

KIT-NIP, INC.

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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)

5770 SE Wilsie Drive, Stuart, FL 34997

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:

Swabb, Bruce

5779 SE Wilsie Drive, Stuart, FL 34997

(Florida street address)

New Registered Office Address:

5770 SE Wilsie Drive, Stuart

(City)

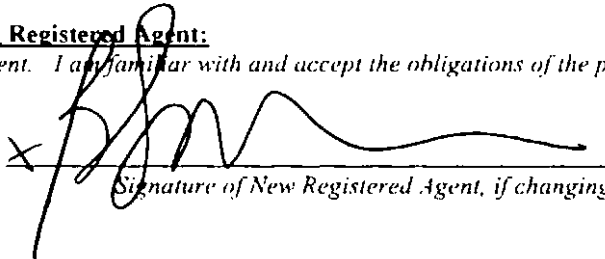
Florida

34997

(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.

X 

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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<input type="text"/>	O'Hara, Ted	4230 SE Kubin Ave
<input type="checkbox"/> Add	<input type="text"/>		Stuart, FL 34997
<input checked="" type="checkbox"/> Remove	<input type="text"/>		
2) <input type="checkbox"/> Change	<input type="text"/>	Boyle, Rose	
<input type="checkbox"/> Add	<input type="text"/>		
<input checked="" type="checkbox"/> Remove	<input type="text"/>		
3) <input type="checkbox"/> Change	<input type="text"/>	Gonnella, Elida	101 Waterbridge Lane
<input type="checkbox"/> Add	<input type="text"/>		Jupiter, FL 33458
<input checked="" type="checkbox"/> Remove	<input type="text"/>		
4) <input type="checkbox"/> Change	<u>D</u>	Altenhoff, Steve	4053 SE Barcelona St.
<input checked="" type="checkbox"/> Add	<input type="text"/>		Stuart, FL 34997
<input type="checkbox"/> Remove	<input type="text"/>		
5) <input type="checkbox"/> Change	<u>D</u>	Fortin, Christina	4070 SE Salerno Rd
<input checked="" type="checkbox"/> Add	<input type="text"/>		Stuart, FL 34996
<input type="checkbox"/> Remove	<input type="text"/>		
6) <input type="checkbox"/> Change	<u>D</u>	Wolf, Shellie	421 SW South River Dr.
<input checked="" type="checkbox"/> Add	<input type="text"/>		Apt. 207
<input type="checkbox"/> Remove	<input type="text"/>		Stuart, FL 34997

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<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Swabb, Bruce</u>	<u>5570 SE Wilsie Drive</u> <u>Stuart, Fl. 34997</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Cummings, Jeff</u>	<u>5419 SE Celestial Circle</u> <u>Stuart, Fl. 34997</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Venuto, Cindy</u>	<u>950 S Kanner Hwy.</u> <u>C 21</u> <u>Stuart, FL 34994</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Robinson, Tammy</u>	<u>2421 SE Berkshire Blvd.</u> <u>Port Saint Lucie, Fl. 34952</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Bushby, Leslie</u>	<u>2502 SE Saint Lucie Blvd.</u> <u>Stuart FL 34996</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Emmons, Kim</u>	<u>4184 SE Oakland St.</u> <u>Stuart Fl. 34997</u>

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)

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<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>HANE, JEFF</u>	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

02/06/2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

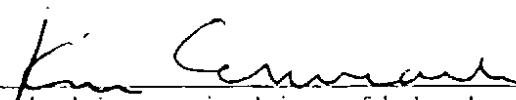
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 02/06/2019 _____

Signature  _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kim Emmons

(Typed or printed name of person signing)

Board Director

(Title of person signing)