N/7000000036

(Re	equestor's Name)	
(Ac	ldress)	
	1-1	
(AC	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT WAIT	MAIL
	<i>)</i>	
(Ri	usiness Entity Name)	
(50	isiness chary warner	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
·	<u>. </u>	
Special Instructions to	Filing Officer:	
		i

Office Use Only



100303384031

10/31/17--01011--005 **87.50

Mond.



COVER LETTER

TO: Amendment Section Division of Corporations	4			
NAME OF CORPORATIO	N: KIN	92 1/00	stow DEVElopmeni	- Center on
DOCUMENT NUMBER: _	N 170	10006036		
The enclosed Articles of Ame	endment and fee are subm	itted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
	SAn	nuel Ho	uston	
	(Name of Contact Person)	
		Kingz H	ouston Development	Center Inc
		(Firm/ Company)		
	6.92	5 ORtugi	Words De u	nul 16
		(Address)		
		CA-1/ (2) (1)/	1/4 61 30244	•
		(City/ State and Zip Cod	1/t / FC 322 4/6	
. /				
1-hrag	NASSOCIATES	for future annual report	notification)	
For further information conc				
	-		\	
SAm	Houston	at	$\frac{964}{\text{rea Code}}$ (Daytime Telephone Num	52
	(Name of Contact Person	(A	rea Code) (Daytime Telephone Num	iber)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Dep	artment of State:	
☐ \$35 Filing Fee	E\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing A			Address	
	nt Section of Corporations		dment Section on of Corporations	
P.O. Box	6327	Clifto	n Building Executive Center Circle	
Tallahasse	e, FL 32314	2001	Executive Conici Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KINGZ HOUSTER	- Development	· CLNten FNG	
(Name of Corporation as cu	rrently filed with the Floric	la Dept. of State)	
N 1702	0006 36		
	lumber of Corporation (if kno	own)	
Pursuant to the provisions of section 617.1006, Florida Standament(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the	e following
If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp."	
3. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDR.</u>	<u>ESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ĵ	7s 17
		ŗ	<u> </u>
			S 25 0
N 16	Laffina addinos in Elonida -	antan tha anna af tha	31 PH 12: 0
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the	F 5 73
Name of New Registered Agent:			<u> </u>
	(2)		
New Registered Office Address:	(Flo	orida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I d		the obligations of the position	i.
and the second s	and provide the second second		
	Signature of New Registe	ered Avent 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
Change X Add	<u>√</u> P	SAMUEL He USTER	5540 PINE bay CRETE S JACKSONVILLE, FT 32244
Periove 2) Change Add	<u>vP_</u>	ALIEF I. Howster	6975 Otogo Wools DR
X Remove 3) Change Add	SEC_	VALINDA FREDERICIK	JACKSONVILLE, FL 3224 2 2055 HANDOR LAKE DR ADT 204
Remove 4) Change Add			Goose CREEK, SE 291445
Remove 5) Change Add			
Remove 6) Change Add Remove	•••••		
			

uttach additional :	sheets, if necessary)	(Be specific)				
	·			<u></u>		
 			<u>-</u>			
						
		···				· · · · · · · · · · · · · · · · · ·
		- /				-
						
					<u> </u>	
			·			
				,		
						
		,,		1.		
						
						
			·			
				<u> </u>		

The date of each amendment(s) adoption: $\frac{10/3}{17}$ date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
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 10/31/17	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	