N17000 006 339

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	*)
(Document Number)		
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TO: Amendment Section Division of Corporations
SUBJECT: King South 202 the. Name of Corporation
DOCUMENT NUMBER: NIMO06006335
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Address Low City/State and Zip Gode City/State and Zip Gode CSANGNSEG Gail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2E045 (04/13)

Articles of Amendment to Articles of Incorporation of

Kiesy Smith aca.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N17000006339	
	Number of Corporation (if known)
Discount to the provisions of continue 417 1006 Elevida	Statutor this Florida Not For Brofit Comparation adopts the following
amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	orporation "or "incorporated" or the abbreviation "Corp." or "Inc."
(Principal office address MUST BE A STREET ADDI	
	323' Jolia Lerrace
	Lake C.L. 7L 32024
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	o Nansea Werkham
	85366 Julia Tullace
	(Lola City 7. L 32024
D. If amending the registered agent and/or registere	d office address in Florida, enter the name of the
new registered agent and/or the new registered o	
Name of New Registered Agent:	Markham
	853 Julia Tarraci
	(Florida street address)
<u>New Registered Office Address:</u> /	- 1
	(City), Florida 32.024
New Registered Agent's Signature, if changing Regis	stored Adent
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	and I'll son
•	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: X Change	PT Jol	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	1)	Virginia 7. Hrs	1106 SW 66 PL
Add		1	Cancell, AC 32608
Remove			<u> </u>
2) Change	<u> </u>	\$ JAMES ANNOTEDONS	8296 NE 24" St
Add		,	Mid. 2000-12-35 96 35 643
Remove Change	P	NAMERA Warkham	Lake City De 32024
Add		,	
Remove	<u></u>		
4)Change		No pora Workham	953, SE J. J. E. Trusco
<u>✓</u> Add			L.k. (:17132124
Remove			
5) Change			And A street to the street of
Add			
Remove			
6) Change			
Add			
Remove			

i. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
idracles at Incorporation	
Acticle III Consumed for Historia	1 9
Memoral Divises, Trusted Dicher Was	CC6
	. i `
Markham, Life Manie Voon Dissolution of	H: 11
Corporation the Assets shall be distribut	trop w. Kin
the microry of 50103	
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If an amount annual for an analysis and a significant and an analysis of instant about	
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:		
mappicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, then of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendent for approval.	lment(s)
	d by the shareholders through voting groups. The following s voting group entitled to vote separately on the amendment(s,	
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
Signature (By a director selected, by	(voting group) Ly 2021 Ty 2021 Ty president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or other duciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)	r court

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