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COVER LETTER

Division of Cor			
NAME OF CORPO	ORATION: North American C	Office Solutions, Inc.	
	1BER:		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Steve W. Clapp		
		Name of Contact Perso	n
		Firm/ Company	
	6314 Kingspointe Pkwy ST	ΓΕ 7	
		Address	
	Orlando, FL. 32819		
		City/ State and Zip Cod	С
scla	pp@naos.us		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se cafl:	
Steve	Clapp	air 407	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address
Amendment Section

Division of Corporations Clifton Building

Mailing Address

P.O. Box 6327

Amendment Section Division of Corporations

Articles of Amendment to

Articles of Incorporation

of

(Name of Corporation as currently filed with the Flor	f=- f = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	rida Dept. of State
	2019 714 1 1 45 4
(Document Number of Corporation (if kno	•
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corpe</i> ts Articles of Incorporation:	oration adoptisthe following amendment(s)
1. If amending name, enter the new name of the corporation:	
K & S Office Solutions. Inc	The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	"incorporated" or the abbreviation
3. 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, enternew registered agent and/or the new registered office address:	r the name of the
Name of New Registered Agent	
(Florida street address)	
	r31
New Registered Office Address:	, Florida

The date of each amendment(s) adoption:	, if other than
date this document was signed. 7/1/2019 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 wildocument's effective date on the Department of State's records.	ill not be listed as
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 7 1 2019	
Signature (By a director, president or other officer – if directors or officers have not been	
(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)	
Stammar of a	
(Typed or printed name of person signific)	
P. A.	
(Title of person signing)	
t time of person signing)	

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