P03ccc 39972

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/i Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500302715435

08/28/17--01002--001 **35.00

2017 AUG 25 PM 4: 22

C. GOLDEN AUG 2 9 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Kilcrease Enterprises Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Charles D Kilcrease Name of Contact Person Kilcrease Enterprises Inc Firm/Company Post Office Box 58 Address Wildwood, FI 34785 City/ State and Zip Code chuck@kilcreaseconstruction.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles D Kilcrease at (352 748-3600 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

				_
r	i	i	} -	11
٠	ı	-	_	_

	of	•	
Kilcrease Enterprises Inc.			2017 AUG 25 PN 4: 22
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept.	of State)
P03000039972			JACEAHASSEE FLORIDA
	(Document Number of	Corporation (if known)	3
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corpora	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent as			e of the
new registered agent and/or the ne	w registered office address:	,	
Name of New Registered Agent	N/A		
	N/A		
	(Florida stre	et address)	
New Registered Office Address:	N/A		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if of the land of th	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligations	of the position.
	Signature of New Re	gistered 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1)Change	D	_	Richard L. Barner Jr.	1202 SW 17th St
XAdd				Ocala, Fl 34471
Remove				352-237-0173
2) Change				
Add				
Remove				
3)Change				<u> </u>
Add				
Remove				
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E If amending or adding addition (Attach additional sheets, if necessity)	ial Articles, enter change issary). (Be specific)	(s) nere:		
N/A				
				···
				
F. If an amendment provides for provisions for implementing t	an exchange, reclassificat he amendment if not con	tion, or cancellation of tained in the amendme	issued shares, nt itself:	
(if not applicable, indicate	N/A)			
N/A				·
==				
				<u>-</u>
			<u> </u>	
<u>.</u>				

The date of each amendment(s) adop	tion:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this ditment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for the amendment cient for approval.	(s)
	ved by the shareholders through voting groups. The following statem ch voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
Shareholders by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5 	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
August 21, 20	17	
Dated	The state of the s	
(By a dire selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cou- fiduciary by that fiduciary)	
CI	narles D Kilcrease	
	(Typed or printed name of person signing)	
Cl	nief Operations Officer	
	(Title of person signing)	