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Office Use Only



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C. GOLDEN
DEC 1 8 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations	,
NAME OF CORPORATION:	AKRB Corporation 3000041736
DOCUMENT NUMBER: PO	3000041136
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
<u>Euger</u>	Name of Contact Person
414 To	Simmerblooke Drive  Address  All a hassee, Fr. 32312  City/ State and Zip Code
E-mail address: (to be use  For further information concerning this matter, please	of fine therivers. Com  sed for future annual report notification)  se call:
Rebekah Rivers Name of Contact Person	at (800) 509-7900 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S35 Filing Fee Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  ☐\$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

FILED

Articles of Ar	mendment	2010 DEC 18 PH 1: 02
to Articles of Inco	orporation	2.3618 <b>74</b> 837 - 2.37937
of	/	ALL MHASSEE, FLORID
AKRB	Corporation	
(Name of Corporation as currently	v filed with the Florida Dept. of S	tate)
P03	0000 41736	)
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this lits Articles of Incorporation:	Florida Proflt Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "tword "chartered," "professional association," or the abbreviation "	Co". A professional corporation n	or the abbreviation name must contain the
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)	414 S Tallahusse	Summerbrooke Dr e Fr 32312

New Registered Agent's Signature, if changing Registered Agent;

new registered agent and/or the new registered office address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

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 John I	Dag.	
Te flange		<u> </u>	
X Rensove	V Mike	Jones	
X Add	<u>SV</u> <u>Şally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Y/D_	PAT ALTERS	2199 Astor St \$203 Orange Park, Fr
Add	•		oranje Hark, tr
X Remove		11	32073
2) Change		Gennifer Henry	1608 E Kayla Ct
Add		0	ST gols, Fr 22259
X Remove			3223
3) Change			
Add			
Remove	,		
4) Change	<u>v/0</u>	Robekah Rivers	414 Summerbracke De Talluhassce, Fr 32312
			1alluhassce, 12 32312
Remove			
5) Change		Amber E Hysler	44650sHighway 17#2 Fleming Island, FZ
_X_ Add		1	Fleming Island, FZ
Remove		•	32003
6) Change			
Add			
Remove			

ach additional sheets, y neces.	al Articles, enter change sary). (Be specific)			
1.4				
-14/11			<del></del>	
<del></del>				
	····	<u> </u>		
		<del> </del>		
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n amendment provides for	r an exchange, reclassifi	cation, or cancellatio	n of issued shares.	
ovisions for implementing	the amendment if not co	ontained in the amen	dment itself:	
(if not applicable, indicat	e N/A)			
INA				
INIM				_
1 /				

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 document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
by	
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    13   17   18	
(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)	
(Typed oprinted name of person signing)	.—
President	
(Title of person signing)	· <del></del>