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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: AKRB Corporation PO3000041736 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eugene Rivers Name of Contact Person Firm/ Company 414 Summerbrooke Drive Address Tallahassee, FL 32312 City/ State and Zip Code rebekah@ringtherivers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rebekah Rivers Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & **I**S43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle fallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

AKRB Corporation (Name of Corporation as currently filed with the Florida Dept. of State) PO3000041736 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	Amber E. Hysler	4465 US Highway 17
Add			Suite 2
X Remove			Fleming Island, FL 32003
2) Change	D	Benjamin C. Nudel	4465 US Highway 17
X Add			Suite 2
			FlemngIsland, FL 32003
Remove			
3 ) Change			
Add			- <del>28 ×</del> 7
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	SSI	1	Ē
provisions for implementing the amendment if not contained in the amendment itsett:	ला-द ला,	7	
(if not applicable, indicate N/A)		_0 ⊒K	Ċ
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The date of each amendment(s) adoption:date this document was signed.	, 1i	other	than the
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	will not b	je liste	ed 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):	t		
"The number of votes cast for the amendment(s) was/were sufficient for approval			
by			
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	Ąį	28 19 1	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	MASSE	NOV - 7	
Dated	E FLOR	PK 1: 0	
Signature  (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)	***************************************	7	
Eugene G. Rivers			
(Typed or printed name of person signing)			
President			
(Title of person signing)	<del></del>		