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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Kingdom First Rea	lty, Inc				
DOCUMENT NUMBE	CR: P03000063427	<del>-</del>				
The enclosed Articles of	Amendment and fee are sul	omitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
C	hristic Henry					
_		Name of Contact Person	1			
К	lingdom First Realty, Inc					
<del>-</del>		Firm/ Company				
1	1315 East Lafayette Street, Suite A					
_	Address					
Т	Tallahassee, Florida, 32301					
-		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
info@k	CingdomFirstRealty.com					
	=	ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
Karlus Henry		at (	509-3333 de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	■\$43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Articles of Incorporat
of
Kingdom First Realty, Inc

(Name o	of Corporation as curre	ntly filed with the Florida Dept. of State)
P03000063427		
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:	
N/A		The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
		N/A
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli	cable:	NIA
(Mailing address MAY BE A POST		N/A
D. If amending the registered agent an new registered agent and/or the new		ddress in Florida, enter the name of the
	N/A	
Name of New Registered Agent		
	(FL vi I	street address)
	N/A	street daaress)
New Registered Office Address:		(City) , Florida (Lip Code)
		(chy) (chy)
New Registered Agent's Signature, if c	hanging Registered Age	ent:
I hereby accept the appointment as regist	tered agent. I am familia	ar with and accept the obligations of the position.
	Signature of New	w 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Karlus Henry	315 East Lafayette Street
X Add			Suite A
Remove		- -	Fallahassee, Florida, 32301
2) Change			
Add		-	
Remove		-	
3) Change		<del></del>	
Add		-	
Remove		-	
4) Change			
Add		-	
Remove		-	
5) Change			
Add		<u>-</u>	
Remove			
6) Change			
Add		-	<u> </u>
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
/A	
<del></del>	
<del></del>	
	<del>-</del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	N/A	, if other than the
t ne date of each amendment(s) late this document was signed.	adoption:	, if other than the
N	//A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by N/A		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
7/18/17 Dated Signature		
(Il v sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Christic Henry	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	