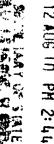
(Re	equestor's Name)	
. (Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: <u>KAB Equipment & Supp</u>	oly, Inc.
DOCUMENT NUMBER: P03000073	•
The enclosed Articles of Correction and fee	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Karen Bruns	
KAB Equipment & Supply, Inc.	
1932 Brantley Circle	
Clermont, FL 34711 City State and Zip Code	
tippyiwin@yahoo.com E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this mat	tter, please call:
Karen Bruns Name of Contact Person	at (352) 272-4806 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy
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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2012

KAREN BRUNS KAB EQUIPMENT & SUPPLY, INC. 1932 BRANTLEY CIR CLERMONT, FL 34711

SUBJECT: KAB EQUIPMENT & SUPPLY, INC.

Ref. Number: P03000073882

We have received your document for KAB EQUIPMENT & SUPPLY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 012A00019820

COVER LETTER

TO: Amendment Section Division of Corporations

	VAD Bendamin I am
NAME OF CORPORATION:	KAB Equipment & Supply, Inc.
DOCUMENT NUMBER:	P03000073882
The enclosed Articles of Amendmen	f and fee are submitted for filing.
Please return all correspondence cond	verning this matter to the following:
rease return an correspondence con	ening this matter to the following.
	Karen Ann Bruns
	Name of Contact Person
	KAB Equipment & Supply, Inc.
	Firm/ Company
	1932 Brantley Circle
	Address
	Clermont, Florida 34711
	City/ State and Zip Code
44	
E-mail ad	yiwin@yahoo.com or SEND TO: Mailing Address dress: (to be used for future annual report notification)
, S-man ad	areas. (to be used for future annual report normeation)
For further information concerning th	is matter, please call:
To rather mornadon concerning in	
Karen Ann Brun	s at (352) 272-4806
Name of Contact Pers	on Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75	Filing Fee & \$\Bigsig \Bigsig
	ate of Status Certified Copy Certificate of Status
(See enclosed.)	(Additional copy is Certified Copy
	enclosed) (Additional Copy is enclosed)
A# 119 A 1.1	0
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corpora	
P.O. Box 6327	Clifton Building
Tallahassee, FL 323	
	Tallahassee, FL 32301

12 AUG 10 PM 2:44

Articles of Amendment Articles of Incorporation \mathbf{of}

dment(s) to

KAB Equipment & :	Supply, Inc.
(Name of Corporation as currently filed with the	he Florida Dept. of State)
P03000073882	<u>, </u>
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tts Articles of Incorporation:	this Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation	<u>:</u>
N/A	The n
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviat, or "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1932 Brantley Circle
	Clermont, Florida 34711
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	1932 Brantley Circle
	Clermont, Florida 34711
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	address in Florida, enter the name of the ress:
Name of New Registered Agent N/A	
1932 Bra (Floride	antley Circle a street address)
New Registered Office Address: Clermont	
New Registered Agent's Signature, if changing Registered Ag	
N/A	-
Signature of New Register	red 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 <math>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.

<u>X</u> 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
Change Add Remove	<u>Th</u>	is Pa <u>ge N/A -</u>	Address Change, (See Page 1 of	only. 4.)
2) Change Add Remove			* <u> </u>	
3) Change Add Remove				
4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add Remove	<u> </u>			

	(Be specific)	
	N/A	
•		
		
	•	
•		
	1	<u>s.</u>
in amendment provides for an exc	change, reclassification, or cancellation of issued share	
ovisions for implementing the ame	enange, reclassification, or cancellation of issued share lendment if not contained in the amendment itself:	
nn amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	rendment if not contained in the amendment itself:	
rovisions for implementing the ame	endment if not contained in the amendment itself: N/A	
rovisions for implementing the ame	rendment if not contained in the amendment itself:	
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rovisions for implementing the ame	rendment if not contained in the amendment itself:	
rovisions for implementing the ame	rendment if not contained in the amendment itself:	

The date of each amendment(s) adoption	n:08/06/2012
Effective date if applicable:	08/06/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes east for the	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted b action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder
Dated08/06	/2012
Signature \(\)	72012 Compared to the officer – if directors or officers have not been
(By a director	, president or other officer – if directors or officers have not been
selected, by a	in incorporator – if in the hands of a receiver, trustee, or other court
appointed fid	uciary by that fiduciary)
<u></u>	Karen Ann Bruns
	(Typed or printed name of person signing)
<u></u>	P / Registered Agent
	(Title of person signing)