

POK10000013561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

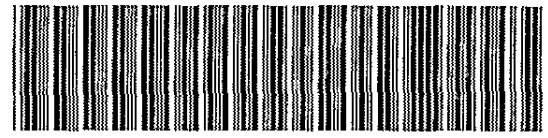
(Business Entity Name)

(Document Number)

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02/26/04--01047--021 \*\*52.50

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04 FEB 26 PM 2:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Amend  
MAD 3/4

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Amendment to Articles of Incorporation

**DOCUMENT NUMBER:** P04000013561

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Kibbin

(Name of Person)

Kibbin Handy Services Inc.

(Name of Firm/ Company)

67 Carlene Lane

(Address)

Quincy, Florida 32351

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Matthew Kibbin

(Name of Person)

at ( 850 ) 627-1238

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

**Street Address**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

Kibbin Handy Services Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P04000013561

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Amending Article IV Officers/Directors Please change to :

President/Director: Matthew Kibbin 67 Carlene Lane Quincy, FL 32351

Vice President/Director : Robert Powell 2636 Mission rd. Tallahassee, FL 32303

Vice President/Director: Gregory Turner 2711 Allen rd apt # G-19 Tallahassee ,FL 32303

Treasurer: Matthew Kibbin 67 Carlene Lane ,Quincy ,FL 32351

Secretary : Matthew Kibbin 67 Carlene Lane Quincy , FL 32351

PLease delete : Secretary/Director : Jennifer Kibbin 67 Carlene Lane Quincy , FL 32351

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

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SECRETARY OF STATE

The date of each amendment(s) adoption: 02/17/04

Effective date if applicable: 02/17/04  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

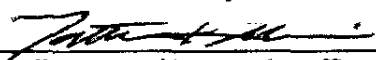
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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  
\_\_\_\_\_  
(voting group)"

- ☒ 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.

Signed this 19th day of February, 2004.

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)

Matthew Kibbin

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**