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(Re	questor's Name)	
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(Bu	siness Entity Name)	
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R. WHITE DEC 13 2018 SEGRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation PO4000138416

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Krishna Of Gainesville Inc

Firm/Company

6815 W Newberry Rd

Address

Gainesville FL 32605

City/State and Zip Code

Pradip patel22@yahoo.com

·

For further information concerning this matter, please call:

nilam patel 352 7456935

Name of Contact Person at (352 Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

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



December 3, 2018

NILAM PATEL 6815 W NEWBERRY RD GAINESVILLE, FL 32605

SUBJECT: KRISHNA OF GAINESVILLE INC.

Ref. Number: P04000138416

We have received your document for KRISHNA OF GAINESVILLE 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):

The statement of change of registered agent cannot be used to make changes to the officer/director detail. Please see the enclosed information.

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.

Rebekah White Regulatory Specialist II

_etter inumb

Letter Number: 318A00024686

RECEIVED

2018 DEC 13 NM 10: 59 SECRETAIN SERVED IN

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Krishna of Samesville inc DOCUMENT NUMBER: _____ P 04000138416 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nilam Palel
Name of Contact Person Name of Contact resson

Krishna ab Gamarille Prie.

Firm Company Address
Starnesville, FC, 3260 C
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (352) 745 6935

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ■\$43.75 hilling bee & □\$43.75 Filling Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Bailding

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

FILED

Articles of Incorporation 2018 DEC 13 PM 4: 41 P 04000/384/6
(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: 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... Eprofessional corporation name must contain the word "chartered," "professional association," or the abbreviation "PA" B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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) New Registered Office Address: (Zip Code) New Registered Agent's Signature, it 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: F - Vice President; T - Treasurer: S - Secretary; D - Director: TR - Trustee: C \(Chairman or Clerk: CEO = Chief Executive Officer, CFO \(\tau \) Chief Financial Officer - If an officer director holds more than one title, list the first letter of each office held. President, Freasurer, Director would be PFD

Changes should be noted in the following manner: Currently John Doc 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.

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Example: \underline{X} Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Tirle</u> <u>Nume</u>	<u>Addres</u> s
1) Change	V Palel Roshn	ni 6519 W Newberry Rd 4412
Add		Grammerville, FC, 32601
_X, Remove		
2) Change	V Palel Pradit	6815 W NewLoon Rd
_ <u>X</u> Add		Gaineville, FL, 32605
Remove		
3) Change		
Add		
Remove		
4)Change	·	
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary)	cles, enter change(s) here: (Be specific)
,	
	
<u> </u>	
f an amendment provides for an each	ange, reclassification, or cancellation of issued charge
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each am	endment(s) adoption: 11/30/20/8	if other than the
date this document w	as signed.	, it bales alian inc
Effective date <u>if app</u>	dicable: 11/30/2019 (no more than 90 days after amendment file date)	·
	serted in this block does not meet the applicable statutory filing requirements, this date vidate on the Department of State's records.	will not be listed as the
Adoption of Amend	ment(s) (<u>CHECK ONE</u>)	
) was/were adopted by the shareholders. The number of votes cast for the amendment(s) rs was/were sufficient for approval.	
) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):	
"The numbe	of votes east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	tvoling group)	
☐ The amendment(s action was not req) was/were adopted by the board of directors without shareholder action and shareholder uired.	
The amendment(s action was not req) was/were adopted by the incorporators without shareholder action and shareholder uired.	
	ted	
Sig	mature Wilam Atel	
·	(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 or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	