## P05000049477

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Kast Associates, Inc. DOCUMENT NUMBER: P05000049477 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas J. Kast Name of Contact Person Kast Associates, Inc. Firm/ Company 2950 Immokalee Rd, Ste 4 Address Naples FL 34110 City/ State and Zip Code thom@kastinsurance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 ) 293-9130

Area Code & Daytime Telephone Number thomas i kast Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing 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 Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Kast Associates, Inc.	
(Name of Corporation as currently filed with the F	Clorida Dept. of State)
P05000049477	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2950 Immokalee Rd
(Principal office address MUST BE A STREET ADDRESS)	Ste 4
	Naples FL 34110
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2950 Immokalee Rd
<u> </u>	Ste 4
	Naples FL 34110
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
(City,	) (Zip Code)
, in the second	reet address)  Treet address)  Treet address)  (Zip Code)
Signature of New Registered	

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	Margot R Kast	12631 Biscayne Ct
Add Add				
Remove				Naples FL 34105
2) Change		_		
Add				<u> </u>
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach <i>additional sheets, if nec</i>	ional Articles, ent cessary). (Be sp	ecific)			
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an amendment provides fo	r an avehanga r	anlaccification o	r cancallation of	issuad charas	
rovisions for implementing	g the amendment	if not contained	in the amendmen	nt itself:	
(if not applicable, indicat	te N/A)				
<del></del>					
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			·		

The date of each amendment(s) adoption: 09/25/2014	
date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(1.511.16.8.51.14)	
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.	
Dated 09/25/2014	
Signature	
(By a director, president or other officer – if directors or officers have not been	<del>_</del>
selected, by an incorporator – if indhe hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Thomas J kast	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	_