## P0500102786

| (Re                     | questor's Name)   | - <del></del> |
|-------------------------|-------------------|---------------|
| (Ad                     | dress)            |               |
| (Ad                     | dress)            |               |
| (Cit                    | y/State/Zip/Phon  | e #)          |
| PICK-UP                 | ☐ WAIT            | MAIL          |
| (Bu                     | siness Entity Nar | me)           |
| (Do                     | cument Number)    |               |
| Certified Copies        | _ Certificate:    | s of Status   |
| Special Instructions to | Filing Officer:   |               |
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JUL 17.2013 R. WHITE FILE B SECRETARY OF STATES

## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

| Division of Corp.        | rations                                     |  |  |           |
|--------------------------|---|--|--|-----------|
| NAME OF CORPOR           | RATION: KAPLAN                              |  | Parthers, Lac.   |           |
| DOCUMENT NUME            | BER: ( 0 B - 0 )                            |  | · · · · · · · · · · · · · · · · · · ·  |           |
| The enclosed Articles    | of Amendment and fee are su                 | bmitted for filing.  |  |           |
| Please return all corres | spondence concerning this ma                | tter to the following:   |  |           |
|                          | ANDREW KA                                   | HAIN   |  | _         |
|                          | ANDREW KA                                   | Name of Contact Perso  | -nors, luc.  |           |
|                          |   | Firm/ Company  |  | _         |
|                          | 1250 E. H                                   | ALLANDALE R  | BEACH BWD  | SULTE 808 |
|                          |   | Address  |  |           |
|                          | HALLANDALF                                  | GGRA FL City/ State and Zip Cod                                    | 33009  |           |
|                          |   | City/ State and Zip Cod  | e  | _         |
|                          | A.In. a VA                                  | Pla) - Col   | SULTING. NET   |           |
|                          | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |           |
|                          |   | •  | ,  |           |
| For further information  | n concerning this matter, pleas             | se call:   |  |           |
| Augred !                 | Ama   | at ( 954+  | 732-7404   |           |
|                          | of Contact Person                           |  | de & Daytime Telephone Numb  | er        |
| Enclosed is a check fo   | r the following amount made                 | payable to the Florida Dep   | 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) |           |
| Mai                      | ling Address                                | Straat   | Address  |           |
| 17343                    | IIII <u>e</u> 17 UUI 433                    | SHEEL  | 2 T T T T T T T T T T T T T T T T T T T  |           |

Amendment Section

Tallahassee, FL 32301

Division of Corporations
Clifton Building
2661 Executive Center Circle

## **Articles of Amendment**

## Articles of Incorporation

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

POS000102786

(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:

| er new principal office address, if applical<br>pal office address <u>MUST BE A STREET Ai</u> |                  | <u> </u>     |            |          |          |
|---|------------------|--------------|------------|----------|----------|
|   |                  |              |            |          |          |
| ter new mailing address, if applicable:<br>iiling address <u>MAY BE A POST OFFICE E</u>       | <b>BOX</b> )     | <u>م 4</u>   |            |          |          |
| monding the registered agent or 1/or regis  |                  |              |            |          | 1        |
|   | stand affine ada | luosa in Ela |            |          | of the   |
| mending the registered agent and/or regis<br>registered agent and/or the new register         |                  |              | rida, ente | the name | of the   |
|   |                  |              | rida, ente | the name | of the   |
| registered agent and/or the new registere   | ed office addres |              |            | the name | e of the |
| registered agent and/or the new register  | ed office addres | <u> </u>     |            | the name | e of the |

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.

| X Change                   | <u>PT</u>                | John Doc    |          |
|----------------------------|--------------------------|-------------|----------|
| X Remove                   | $\underline{\mathbf{v}}$ | Mike Jones  |          |
| X Add                      | <u>sv</u>                | Sally Smith |          |
| Type of Action (Check One) | <u>Title</u>             | Name        | Address  |
| 1) Change                  |                          | _ N/A       | <u> </u> |
| Add                        |                          | •           |          |
| Remove                     |                          |             |          |
| 2) Change                  |                          |             |          |
| Add                        |                          |             |          |
| Remove                     |                          |             |          |
| 3) Change                  |                          |             |          |
| Add                        |                          |             | -        |
| Remove                     |                          |             |          |
| 4) Change                  |                          | _           |          |
| Add                        |                          |             |          |
| Remove                     |                          |             |          |
| 5) (1)                     |                          |             |          |
| 5) Change                  |                          |             |          |
| Add                        |                          |             |          |
| Remove                     |                          |             |          |
| 6) Change                  |                          |             |          |
| Add                        |                          |             |          |
| Remove                     |                          |             |          |

| - AVANDA   |
|--|
| 1941194  |
| ARTICLE III AMENDED TO READ:   |
| THIS CORPORATION IS DREAMIZED AS A   |
| PROFESSIONAL ASSOCIATION FOR THE DUMPLS  |
| OF PROVIDING PROFESSIONAL SERVICES IN THE  |
| AREAS OF ACCOUNTING, CONSULTING, AND   |
| LITIGATION SUPPORT.  |
|  |
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|  |
| F. If an amendment provides for an 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) |
| MA   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

E. If amending or adding additional Articles, enter change(s) here:

| The date of each amendment(s) adoption:  |
|--|
| Effective date if applicable:  |
| (no more than 90 days after amendment file date)   |
|  |
| 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)  |
| (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.   |
| Dated 1/12/13  |
| Signature Children de Jan 1966 PENT  |
| (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)   |
| ANDLE W KAP LAD  (Typed or printed name of person signing)   |
|  |
| PRESIDENT  |
| (Title of person signing)  |