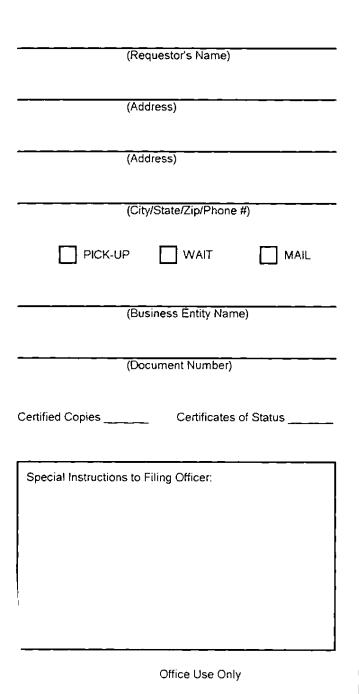
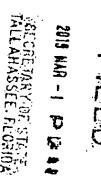
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Josiah King, Inc. DOCUMENT NUMBER: P05000121323 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sam Aurilio Name of Contact Person Law Offices of Samuel C. Aurilio, Esq. Firm/ Company 208 Fern St, Suite 808 Address West Palm Beach, Florida 33401 City/ State and Zip Code nationaladvocate@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561 ) 627-5300

Area Code & Daytime Telephone Number Sam Aurilio 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

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

## Articles of Amendment to Articles of Incorporation



to

Josiah King, Inc.

(Name of Corporation as current	<u>ly filed with the Florida</u>	Denta of State)   P 28 11
P05000121323		PAIR MUNIT 1 1- TO MAR
(Document Number of	of Corporation (if known)	LSECRUTARY OF STATES. TALLAHASSEE: FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporati	on adopts the following amendment(
A. If amending name, enter the new name of the corporation:		
KING JOSIAH, INC		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		e name of the
N/A	<u>5.</u>	
Name of New Registered Agent		
(Florida st	reet address)	
New_Registered Office Address:		. Florida
Men negative office marcia.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		ations of the position.
Signature of New 1	Registered Agent, if chang	

## 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustce; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				<del></del>
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Damara				

E. If amending or adding additional Article (Attach additional sheets, if necessary).	
N/A	
	<del></del>
<del></del>	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
**************************************	

	Feb. 25, 2019	
The date of each amendment(s)	doption:	, if other than th
date this document was signed.	25, 2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)
	oproved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	rnt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
hy N/A		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholde	ır
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
DatedF	26,2019	
Signature	LICAIL	
(By a	director, president or other officer – if directors or officers have not been	<del></del>
	ed, by an incorporator – if in the hands of a receiver, trustee, or other cour	t
appor	nted fiduciary by that fiduciary)	
	SAMUEL C. AURILIO	
	(Typed or printed name of person signing)	
	DIRECTOR, SEC	
	(Title of person signing)	