P00000050529

| (Requ | uestor's Name) | · · · · · · · · · · · · · · · · · · · |
|----------------------------|-----------------|---------------------------------------|
| (Addı | ress) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 APR 21 AM 11: 42

Amend/U5 (104.22.10

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: | THE KESSINGTON GROUP | PINC. |
|---|--|---|---|
| DOCUMENT NUM | BER: | P06000050529 | ······································ |
| The enclosed Articles | s of Amendment and fee | are submitted for filing. | |
| Please return all corre | espondence concerning th | his matter to the following: | |
| | | ARETH MOMOH-SMITH | |
| | • | Name of Contact Person | |
| | THE KE | ESSINGTON GROUP INC | |
| | | Firm/ Company | |
| | 7 | 71 S 61st AVENUE | |
| | | Address | |
| | НО | LLYWOOD FL. 33023 | |
| | | City/ State and Zip Code | |
| | iyabom E-mail address: (to be us | nomoh@ymail.com led for future annual report notification) | - 110-110-1 |
| For further information | on concerning this matter | r, please call: | |
| · | TH MOMOH-SMITH | | 46232 |
| Name of | Contact Person | Area Code & Daytime Telep | phone Number |
| Enclosed is a check for | or the following amount | made payable to the Florida Departn | nent 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) |
| Mailing Adding Amendment Solvision of Conference P.O. Box 6327 Tallahassee, F | ection orporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

| of | 10 A 15 C |
|--|--------------|
| THE KESSINGTON GROUP INC. | 79- 36,000 C |
| (Name of Corporation as currently filed with the Florida Dept. of State) | In Cost |
| P06000050529 | 11. 10 |
| (Document Number of Corporation (if known) | Zo |

| P060 | 00050529 | |
|--|--|---|
| (Document Num | ber of Corporation (if know | wn) |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | , Florida Statutes, this Fl | orida Profit Corporation adopts the following |
| A. If amending name, enter the new name of | the corporation: | |
| | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "prof | designation "Corp," "Inc, | " or "Co". A professional corporation |
| B. Enter new principal office address, if appl | icable: | |
| (Principal office address MUST BE A STREET | | • |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFIC | E BOX) | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| D. If amending the registered agent and/or renew registered agent and/or the new registered. | egistered office address in tered office address: | Florida, enter the name of the |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street a | ddress) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changin | g Registered Agent: | |
| I hereby accept the appointment as registered as | gent. I am familiar with a | nd accept the obligations of the position. |
| | | |
| .Si | ionature of New Registered | l 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|--|------------------------------|
| D | OLU A. ADEOSUN | 8638 LONGACRE DRIVE MIRAMAR FL 33139 | |
| <u> </u> | EBUN BRAITHWAITE | 8638 LONGACRE DRIVE MIRAMAR FL 33139 | ☑ Add ☐ Remove |
| | | | |
| | nding or adding additional Articles, en additional sheets, if necessary). (Be s | | |
| | | | |
| provis | mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A) | reclassification, or cancellation of t if not contained in the amendmen | issued shares, it itself: |
| | | | |
| | | | |
| · | | | |

| The date of each amendmen | t(s) adoption: 5 APRIL 2010 |
|--|---|
| Effective date <u>if applicable</u> : | 5 APRIL 2010 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| ✓ The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated 5 AF | PRIL 2010 |
| Signature _ | Harjareth Momon. |
| | a director president or other officer – if directors or officers have not been |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | HARJARETH MOMOH-SMITH |
| | (Typed or printed name of person signing) |
| | Deartha |
| | (Title of person signing) |
| | (rate or berson signing) |