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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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James M. Kosmas, P.A.

Attorneys at Law

111 Live Oak Street New Smyrna Beach, FL 32168 (386) 428-0055 FAX (386) 426-2665

September 23, 2011

Florida Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, Florida 32314

RE: KGI PROPERTIES, INC.

Document Number P06000147199

Enclosed please find Articles of Amendment for the referenced corporation. Said Articles of Amendment are being filed for the purpose of removing and replacing an officer of the corporation.

Please direct all correspondence to my attention at the address set forth in this letter. For any additional information I may be reached at 386-428-0055.

I have enclosed a check in the amount of \$35.00 made payable to the Florida Department of State for the filing fee.

Yours very truly,

JAMES M.KOSMAS, P.A.

 \mathbf{RV}^{Λ_0}

James M. Kosmas

COVER LETTER

TO: Amendment Section Division of Corporations

| The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James M. Kosmas Name of Contact Person JAMES M. KOSMAS, P.A. Firm/ Company 111 Live Oak Street Address New Smyrna Beach, Florida 32168 City/ State and Zip Code | |
|---|-------|
| Please return all correspondence concerning this matter to the following: James M. Kosmas Name of Contact Person JAMES M. KOSMAS, P.A. Firm/ Company 111 Live Oak Street Address New Smyrna Beach, Florida 32168 | |
| James M. Kosmas Name of Contact Person JAMES M. KOSMAS, P.A. Firm/ Company 111 Live Oak Street Address New Smyrna Beach, Florida 32168 | |
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| 111 Live Oak Street Address New Smyrna Beach, Florida 32168 | |
| Address New Smyrna Beach, Florida 32168 | |
| New Smyrna Beach, Florida 32168 | |
| | |
| City/ State and Zip Code | |
| | |
| Smyrnakos@bellsouth.net E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| James M. Kosmas at (386) 428-0055 | |
| Name of Contact Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| ▼ \$35 Filing Fee | tatus |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

KGI PROPERTIES, INC.

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

| P06 | 3000147199 | FALL VETARY OF CO |
|---|---------------------------------|---|
| (Document Nur | mber of Corporation (if knows | TALLAHASSEE, ELO |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 06, Florida Statutes, this Flor | |
| A. If amending name, enter the new name of | of the corporation: | 7 |
| | | The new |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | e designation "Corp," "Inc," | or "Co". A professional corporation |
| B. Enter new principal office address, if app (Principal office address MUST BE A STREE | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI | | |
| | | |
| D. If amending the registered agent and/or new registered agent and/or the new regi | | Clorida, enter the name of the |
| Name of New Registered Agent: | - 1 | |
| New Registered Office Address: | (Florida street ada | lress) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changi | ng Registered Agent: | |
| I hereby accept the appointment as registered a | | accept the obligations of the position. |
| | | |
| <u></u> | Signature of New Registered A | gent, 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 |
|----------------|--|---|-------------------|
| <u>VP</u> | F. J. KESOCK | 920 Third Avenue New Smyrna Beach. FL 32169 | ☑ Add □ Remove |
| <u>VP</u> | DOUGLAS R. SZOKA | 920 Third Avenue New Smyrna Beach, FL 32169 | ☐ Add ☐ Remove |
| | | | Add Remove |
| | ding or adding additional Articles, end dditional sheets, if necessary). (Be sp | | |
| | | | |
| | | | |
| | | | |
| <u>provisi</u> | | reclassification, or cancellation of iss t if not contained in the amendment i | |
| | | | |
| | | 1, | |
| | | | |

| The date of each amendmen | it(s) adoption: September 20, 2011 |
|---|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statemen led for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | s cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/w action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/waction was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated Ser | otember 20, 2011 |
| sel | y 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) |
| | TRUDY DUFFY |
| | (Typed or printed name of person signing) |
| | Vice President |
| | (Title of person signing) |