P06000150588

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL .
В	usiness Entity Name)	
(D	ocument Number)	 ;
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709 OCT 19 PM 4: 47 SECRETARY OF STATE TALLAHASSEE, FLORII

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Kitchman Consulting	<u> </u>
DOCUMENT NU	JMBER:	P06000150588	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	N	Bryan Kitchman ame of Contact Person	
	Kit	chman Consulting Firm/ Company	
	1459 South University Drive Address		
		antation, FL 33324 ity/ State and Zip Code	-,**-,-**-\$tvinte*
	bryan E-mail address: (to be use	@kitchman.com d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	Bryan Kitchman e of Contact Person	at (954) 4 Area Code & Daytime Tel	64-9009 lephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depar	tment 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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le

Articles of Amendment to **Articles of Incorporation**

	14 S. C. C. 19 C. D.
	TALLANASSEE OF STATE
ate)	TASECRE OF PH G: 47

Kitchman Consulting (Name of Corporation as currently filed with the Florida Dept. of Sta P06000150588 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

name must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the		
ame must contain the word "chartered," "pro		
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
. If amending the registered agent and/or r		lorida, enter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Florida street addi	ress)
	(Florida street addi	ress), Florida (Zip Code)

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
VP	Joseph T. Shockley	11720 NW 40th PL Sunrise, FL 33323	
			
	ing or adding additional Articles, ento ditional sheets, if necessary). (Be spe		
provisio	endment provides for an exchange, rens for implementing the amendment in applicable, indicate N/A)	eclassification, or cancellation f not contained in the amenda	of issued shares, nent itself;

The date of each amendmen	
	(date of adoption is required)
Effective date if applicable:	10/14/2009
	(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) ere 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)
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 10/1	4/2009
Signature Ź	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
selo	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Bryan Kitchman (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)