## P07000094227

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
. Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700112944477

12/10/07--01049--001 \*\*35,00

Anual

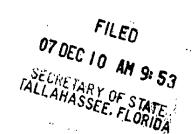
07 DEC 10 AM 9: 5

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	ORPORATION: Komcor Ente	erprises, Inc.	
DOCUMENT	NUMBER: P07000094228		
The enclosed A	Articles of Amendment and fee a	re submitted for filing.	
Please return a	Il correspondence concerning thi	s matter to the following:	
<u> </u>	Monique Comfort		
	(Name o	of Contact Person)	
. •	Komcor Enterprises, Inc.		·
·	(Fir	m/ Company).	
	1530 Cypress Drive Suite B		
-		(Address)	
,	Jupiter, FL 33469		
-	(City/ S	tate and Zip Code)	·····
For further info	ormation concerning this matter,	please call:	
Monique Com	fort	at (561) _745-6797	7
(1	Name of Contact Person)	(Area Code & Daytime 7	Telephone Number)
Enclosed is a c	heck for the following amount:		
☑ \$35 Filing Fee	S43.75 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)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ussee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle

## \* Articles of Amendment to Articles of Incorporation of



Komcor	Enteror	ege	Inc
NOINCOL		1505.	HIG.

P07000094228

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

(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Article II Principal Place of Business & Mailing Address
change from: 14171 Little Cypress Circle Palm Beach Gardens FL 33410
change to: 1530 Cypress Drive Suite B Jupiter FL 33469
Article IV The number of shares the corporation is authorized to issue is: 100
Change to: The number of shares the corporation is authorized to issue is: 2000
Article VII Monique Comfort Title:O to be changed to Title:S
(Attach additional pages if necessary)
If an amendment provides for 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)
MP48-1789-1

(continued)

The date of each amend:	nent(s) adoption: September 12, 2007
Effective date if applicat	ole:
	(no more than 90 days after amendment file date)
Adoption of Amendmen	t(s) (CHECK ONE)
	at(s) was/were approved by the shareholders. The number of votes cast for t(s) by the shareholders was/were sufficient for approval.
following state	nt(s) was/were approved by the shareholders through voting groups. The ment must be separately provided for each voting group entitled to vote the amendment(s):
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	nt(s) was/were adopted by the board of directors without shareholder action action was not required.
	nt(s) was/were adopted by the incorporators without shareholder action and tion was not required.
,	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)
	Monique Comfort  (Typed or printed name of person signing)
	Officer/Secretary
	(Title of person signing)

FILING FEE: \$35