P07000135231

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PING'S ACCOUNTING & TAX, INC
DOCUMENT NUMBER: P07000135231
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ping Tankexs ey Name of Contact Person Ping's Accounting & Tas, INC Firm/ Company 2748 US 1 South Address St. Augustine Fl 32086 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PING'S ACCOUNTING & TAX, INC.

(Name of Corporation as current	tly filed with the Florida Dept. of Stat	<u>e</u>)	
P07000135231			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment((s) to
A. If amending name, enter the new name of the corporation: K. NAN CORP.		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mus	breviation "Corp.,"	
B. Enter new principal office address, if applicable:	2748 us 1 south		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	St. Augustine	FL 3xe8b	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 JUN - 7 PH SECRETARY OF TALLIARY SE	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		Line is	الس
Name of New Registered Agent			
(Florida st	reot address)		
New Registered Office Address:	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	<u>t:</u> with and accept the obligations of the p	osition.	
Signature of New I	Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 = Trustee; 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.

X Change	<u>PT John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Şmith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	CEO	KE NAN WANG	2748 US 1 SOUTH
Add			ST. AUGUSTINE FL 32086
Remove	(C)	Dia - Karalau	SIQ Ocean Forest Dr St. Augustine F132080
2) _X_ Change	PSID	Ping Tankersley	St. Augustine F132080
Add		,	
3) Remove	VD	David Tankersley	512 licean Forest Dr St. Augustine F132080
Add		ſ	St. Augustine Fl 32080
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	ling or adding additional Artic dditional sheets, if necessary),	(Be specific)				
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If an am	endment provides for an excha	nge reclassificat	ion or cancellat	ian of issued sha	FDS	
<u>provis</u> io	ons for implementing the amen	dment if not con	tained in the am	endment itself:	1003	
(1)	not applicable, indicate N/A)					
						
						
			 			
			·			

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date,	j
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the am fficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
06/03/2021 Dated		
Signature	mostallaci	
(By a d selecte	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	