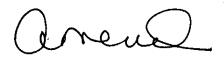
P08000001988

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



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10/15/10--01032--011 **35.00



10/18/10

COVER LETTER

| TO: Amendment S Division of C | | | | |
|--|--|--|--|--|
| \tilde{r}^2 | . 5 - 5 | K J B and ASSOCIATES, INC. | | |
| NAME OF COM | ORATION: | | | |
| DOCUMENT NUMBER: | | P0800001988 | | |
| The enclosed Artic | eles of Amendment and fee | are submitted for filing. | | |
| Please return all co | prrespondence concerning the | his matter to the following: | | |
| | I | BEVERLY JAYCOX | | |
| · | | Name of Contact Person | | |
| | K J B and ASSOCIATES | | | |
| | | Firm/ Company | | |
| | 1000 FI | IFTH STREET, SUITE 200 | | |
| | • | Address | | |
| | • | | | |
| | MIA | AMI BEACH, FL 33139 | | |
| | | City/ State and Zip Code | | |
| | KJB.F E-mail address: (to be u | Florida@gmail.com sed for future annual report notification) | | |
| For further information | ation concerning this matte | r, please call: | | |
| ı | Beverly Jaycox | at (305) 704-3293 | | |
| | of Contact Person | at (305) 704-3293 Area Code & Daytime Telephone Number | | |
| | | made payable to the Florida Department of State: | | |
| | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | |
| i allallasset | , I L J4J14 | Tallahassee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of



| 🚺 😘 🛴 K J B and AS | SSOCIATES, INC. | 2010 UCF 15 PH 12: 47 |
|--|-----------------------------|---|
| (Name of Corporation as curren | tly filed with the Florida | Dept. of State) SECRETARY OF STATE |
| | 00001988 | TALLAHASSEE.FLORID/ |
| (Document Numb | per of Corporation (if know | n) . |
| ursuant to the provisions of section 607.1006, nendment(s) to its Articles of Incorporation: | Florida Statutes, this Flo | rida Profit Corporation adopts the follow |
| . If amending name, enter the new name of | the corporation: | |
| | | · The new |
| ame must be distinguishable and contain the obreviation "Corp.," "Inc.," or Co.," or the c ame must contain the word "chartered," "profe | designation "Corp," "Inc,' | " or "Co". A professional corporation |
| . Enter new principal office address, if appli | | |
| Principal office address <u>MUST BE A STREET</u> | <u>(ADDRESS</u>) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | <u>E BOX</u>) | |
| If amending the registered agent and/or re new registered agent and/or the new regist | | Florida, enter the name of the |
| new registered agent and/or the new regist | crea office address. | |
| Name of New Registered Agent: | | |
| · | | |
| New Registered Office Address: | (Florida street ad | ldress) |
| | | Plouide |
| - | (City) | , Florida (Zip Code) |
| | (=1.5) | (Exp Esse) |
| ew Registered Agent's Signature, if changing | | |
| hereby accept the appointment as registered ag | gent. I am familiar with an | d accept the obligations of the position. |
| | | |
| Si | gnature of New Registered | 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 |
|--------------|--|---|----------------|
| VI | Douglas B. Timmons, PE | 1000 FIFTH STREET, STE 200 MIAMI BEACH, FL 33139 | ☑ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | <u> </u> | | Add Remove |
| | mending or adding additional Articles, en ach additional sheets, if necessary). (Be sp | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | an amendment provides for an exchange, ovisions for implementing the amendment (if not applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: 09-01-10 |
|---------------------------------------|--|
| Effective date <u>if applicable</u> : | 09-01-10 (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) 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) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder |
| 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 |
| | Beverly Jaycox |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |