P08000018055

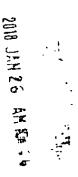
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3





500308131045

01/26/18--01023--008 **35.00



JAN 30 2018 C NICNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KHP Global Inc				
	BER:				
	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Robert Klemeyer				
	Name of Contact Person				
		Firm/ Company			
	5575 Marquesas Circle				
	Address				
	Sarasota, FL 34233				
		City/ State and Zip Cod	c		
bklei	meyer@khpglobal.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further informatic	on concerning this matter, plea	se call:			
Robert Klemeyer		941 at (266-3557 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Ament Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



KHP Global Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)
P08000018055
(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) ts Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Veteran Energy Transport Inc The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the cord "chartered," "professional association," or the abbreviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BON)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent—I am familiar with and accept the obligations of the position.
Signature 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)

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.

Example: <u>X</u> Change	<u>PT</u>	John De	<u>or,</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>SV</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change		_				
Add						
Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add				·		
Remove						
4) Change						
Add		_				
Remove						
S. Chan						
5) Change	· · · ·	-				
Add						
Remove						
6) Change		_				
Add						
Remove						

Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N.A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	doption:
Effective date <u>if applicable</u> :	
-, ,	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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
hy	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1/22/18
Signature	(State See)
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Robert Klemeyer
	(Typed or printed name of person signing)
	Managing Director
	(Title of person signing)