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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: KALOXA INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK DELAHUNTY (Name of Contact Person)
KALOXA INC
(Firm/ Company)
7875 NW 110TH DRIVE (Address)
PARKLAND FL 33076 (City/ State and Zip Code)
For further information concerning this matter, please call:
MARK DELAHUNTY at (954) 752-9293 (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:
\$35 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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2009 APR 22 PM 4: 36

SECRETARY OF STATE
ALLAHASSES

KALOXA INC

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

P09000002642

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

e new name must be distinguishab ncorporated" or the abbreviation "Cor Co". A professional corporation sociation," or the abbreviation "P.A."	rp.," "Inc.," or Co.," or the design	gnation "Corp," "Inc," or
Enter new principal office address, it rincipal office address <u>MUST BE A ST</u>		
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		orida, enter the name of the
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If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	l/or registered office address in Floregistered office address:  (Florida street address	ess)
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	l/or registered office address in Flo registered office address:	

	a titie, naine, and address of each Or	fficer and/or Director being added:	
	tional sheets, if necessary)		
Title IRECTOR/	<u>Name</u>	<u>Address</u>	Type of Action
FFICER	MARK DELAHUNTY	7875 NW 110 <sup>TH</sup> DRIVE PARKLAND, FL 33076	□ Add
IRECTOR/		PARKLAND, FL 33076	Remove
OFFICER	KEITH FLORES	12867 ELMFORD LANE BOCA RATON, FL 33428	Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	
provisio		reclassification, or cancellation of iss if not contained in the amendment	
provisio	ns for implementing the amendment		
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Th	• 1e date of each amendment(s) a	doption: <u>04/</u>	110/09	
		•	10   09 s after amendment file date)	
,	doption of Amendment(s)	(CHECK C		_\
<b>W</b>	by the shareholders was/were s		holders. The number of votes cast for the amendment(syal.	S)
			eholders through voting groups. The following statemed entitled to vote separately on the amendment(s):	2n
	"The number of votes cast	for the amendment(	(s) was/were sufficient for approval	
	by(voi			
	(101)	ung group)		
	The amendment(s) was/were ac action was not required.	lopted by the board o	of directors without shareholder action and shareholde	er
	The amendment(s) was/were ac action was not required.	lopted by the incorp	porators without shareholder action and shareholder	
	Dated_O4	110/09	<u> </u>	
	selected		other officer – if directors or officers have not been r – if in the hands of a receiver, trustee, or other court fiduciary)	
		MARK	DELAHUNTY	
	_	(Typed or p	printed name of person signing)	
		0~1	NER	
	_	(Title	le of person signing)	