09000008237

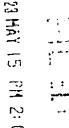
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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Kiernan Group Holdings, Inc. NAME OF CORPORATION: P09000008237 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr. Kathleen Kiernan Name of Contact Person Kiernan Group Holdings, inc. Firm/ Company 1753 Dunes Club Place Address Fernandina Beach, FL 32034 City/ State and Zip Code kieman@kieman.co E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathleen Kiernan 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 □\$43.75 Filing Fee & ☐S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations

SECRETARY OF STATE
TALLAHAMSEE, FL

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	rently filed with the Florida Dept. of State)	
P0900008237		
(Document Numi	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the followin	g amendment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>	
N/A		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 "I	". A professional corporation name must contain	on "Corp.,"
B. Enter new principal office address, if applicable:	1753 Dunes Club Place	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fernandina Beach, FL 32034	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1753 Dunes Club Place	SEORE TALL
	Fernandina Beach, FL 32034	巴西
		WAR OF STATI
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		Fra Fix
N/A	<u></u>	四氢
Name of New Registered Agent		- ' m
Flori	da street address)	-
1753 Dunes Club Plac	(Florida street address) 1753 Dunes Club Place, Fernandina Beach 32034	
New Registered Office Address:	(City), Florida	Code)
		•
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	gent: iliar with and accept the obligations of the position.	
Signature of N	ew Registered Agent, if changing	<u>-</u>

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)

Remove

. 1 ,

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</u>	John Doe		
X Remove	<u>v</u>	Mike Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	th	
Type of Action (Check One)	Title	2	<u>Name</u>	Address
l) Change			N/A	
Add				
Remove				
2) Change				
Add				
Remove Change				SILCRET
Add				CKETA CKETA
Remove				HA 5
4) Change				50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Add				
Remove				m ·
5) Change				
Add				
Remove				
6) Change				
Add				

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E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		"
<u></u>		
		(/)
		ECR TAI
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	SECRETARY OF S TALLAHASSILE,
N/A	······································	
		7
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	-	

2023 MAY 15 PM 2: 04

The date of each amendment(s) ad	01/01/2022 option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ack does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendation ficient for approval.	dment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment(s	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	N/A- "	
-, <u> </u>	(voting group)	
05/11/2022	4	
05/11/2023 Dated1_		
Signature	Don't San ElD	~3
	ector, president or other officer - if directors or officers have no	t been K
	by an incorporator - if in the hands of a receiver, trustee, or oth	er court IS E
appointe	d fiduciary by that fiduciary)	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
1	Dr. Kathleen Kiernan	SECRETAIN STALLAHASS
-	(Typed or printed name of person signing)	

President

(Title of person signing)