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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	er Kath. Inc
DOCUMENT NUMBER: P090	00017121
The enclosed Articles of Amendment and t	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Kathy C	Name of Contact Person
Kier Kath	7. Inc Firm/ Company
13435 S.	McCall Rd Address
Port Cha	rlotte Fl 33981 City/State and Zip Code
Kier Ka E-mail address: (to b	th @ embarg mail.com e used for future annual report motification)
For further information concerning this ma	tter, please call:
Kathy Corcora Name of Contact Person	at (941) 697-1090 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
\$35 Filing Fee \$\to\$ Certificate of Status	S43.75 Filing Fee & S52.50 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

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of	of		
Kier Kath I	Enc		•
(Name of Corporation as currently filed v	vith the Florida Der	ot. of State)	
P09000017	1121		•
(Document Number of Corp	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation ac	lopts the following
A. If amending name, enter the new name of the corpo	ration:	•	
name must be distinguishable and contain the word 'abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional as	n "Corp," "Inc," or	"Co". A professional	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	(22		
			SECRI SECRI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		•	ECRETARY OF FLORIUM
D. If amending the registered agent and/or registered of	office address in Flo	rida, enter the name o	— 7.57 FLORIDA Tthe
new registered agent and/or the new registered offic	e address:		
Name of New Registered Agent:		···-	
New Registered Office Address:	Florida street addres	ss)	
		, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ecept 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>V. Pre</u> s	Kathy Corcoran	6599 Estates Do North Port FI 34291	Add ☐ Remove
			_ □ Add □ □ Remove
· ·			_
	I		
provisio	endment provides for an exchange, rens for implementing the amendment in applicable, indicate N/A)		

The date of each amendment(s) adoption: Feb. 23. 2009
(date of adoption is required)
Cffective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenament file date)
donding of Amendment(s) (CHECK ONE)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 Runnel Con-man Province "
by Kurnf Cornor free " (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature Kurul Coruna (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
, , , , , , , , , , , , , , , , , , ,
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESiden T (Title of person signing)
(Title of person signing)