

PD9000054235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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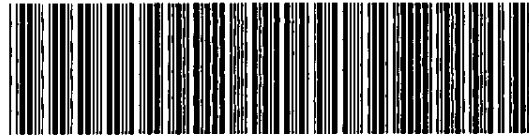
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 21 AM 8:47

Amend/cc
10/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kryscorp, Inc.

DOCUMENT NUMBER: P09000054235

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Sadove

Name of Contact Person

Sophie + Trey (dba)

Firm/ Company

530 E. Central Blvd. - Unit 700

Address

Orlando, FL 32801

City/ State and Zip Code

Scott.Sadove@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Sadove

Name of Contact Person

at (407) 496-5985

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 21 AM 8:47

Kryscorp, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P09000054235
(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

386 Pine Tree Road
Lake Mary, FL 32746
186 N. 4th St.
Ste 1290
Lake Mary, FL
32746

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

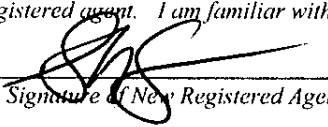
386 Pine Tree Road
Lake Mary, FL 32746

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: Scott Sadove
386 Pine Tree Road, Lake Mary FL 32746
(Florida street address)
New Registered Office Address: 386 Pine Tree Road, Florida 32746
(City) Lake Mary (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby 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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>President</u>	<u>Scott Sadove</u>	<u>386 Pine Tree Road</u> <u>Lake Mary, FL 32746</u>
2) <u>VP</u>	<u>Kristin Koldanoven</u>	<u>386 Pine Tree Road</u> <u>Lake Mary, FL 32746</u>
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
^{Fomer} 1) <u>President</u>	<u>Ryan Sadove</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

I. Name of Corporation: Kryscorp, Inc.

II. Principal Business Address: 136 N. 4th St., Ste. 1290, Lake Mary, FL
Mailing Address: 386 Pine Tree Rd, Lake Mary, FL 32746 32746

III. Scott Sadove, 386 Pine Tree Rd, Lake Mary, FL 32746

VI. Scott Sadove, 386 Pine Tree Rd, Lake Mary, FL 32746

~~IX~~

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 11/11

Effective date if applicable:

(no more than 90 days after amendment file date)

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

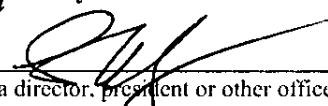
by _____."
(voting group)

☐ 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 11/15/11

Signature


(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)

Scott Sadove

(Typed or printed name of person signing)

President

(Title of person signing)