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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Big	K Sales & Service	ces Inc	
DOCUMENT NUMBER: P090000			
The enclosed Articles of Amendment		itted for filing.	
Please return all correspondence conc	erning this matter	to the following:	
Klevis Lika			
		Name of Contact Person	n
		Firm/ Company	
2251 Cavalry	Blvd		
		Address	
Jacksonville, F	lorida 32246		
		City/ State and Zip Cod	e
klevislika@yahoo.co	om		/
E-mail ad	dress: (to be used	for future annual report	notification)
For further information concerning th	is matter, please c	all:	
Klevis Lika		904 at (	) 662-2706 ode & Daytime Telephone Number
Name of Contact Pers	on	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made pay	able to the Florida Dep	artment of State;
	Filing Fee & Cate of Status	2\$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 Corpora P.O. Box 6327 Tallahassee, FL 32	ations	Amend Division Cliftor	Address  Iment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Florida Dept. of State)
P09000096224	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendments
a. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ESS)
	<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of  Name of New Registered Agent	
	——————————————————————————————————————
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I d	t <mark>ered Agent:</mark> um familiar with and accept the obligations of the position.
	ure of New Registered Agent, if changing