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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: KNS CONTRACT	OR INC		
DOCUMENT NUMBI	D10000013505			
The enclosed Articles o	f Amendment and fee are sul	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
K	INS CONTRACTOR INC			
_	Name of Contact Person			
_		Firm/ Company		
1	4737 GRAND COVE DR			
_	DRLANDO FL 32837	Address		
_	The state of the s	City/ State and Zip Code	3	
KNSC	ONTRACTOR@GMAIL.CO)M		
		ed for future annual report	notification)	
	concerning this matter, pleas			
SANDRA MORENO		at (<u>407</u>	_) 925-9023	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of

KNS CONTRACTOR INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P10000013505	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"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>)	2016 51 10.11
	PA LE
	0 % 6 T
C. Enter new mailing address, if applicable:	mo P III
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	7
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
	·
Signature of Nev	v 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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	O	STEVEN DAZA	14737 GRAND COVE DRIVE
Add			ORLANDO FL 32837
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	*****		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	,		 			
f an amendment provides for an exc	hange, reclassifi	cation, or ca	ncellation (of issued sha	ares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not c	ontained in t	he amendn	ent itself:		
(ij not applicable, indicale N/A)						
						
		,,				
						
						
			=	 -		

The date of each amendmen date this document was signed		, if other than the
,	06/13/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendmen tere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	31	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
06/13 Dated	/2016	
Signature _	Gadu Pares.	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	SANDRA MORENO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·