# P10000034864

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>.</del> e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2010

ERIC MANLEY 1435 BEDFORD ST APT 1-06E -STAMFORD, CT 06905

SUBJECT: KINGDOMCOM INCORPORATED

Ref. Number: P10000034864

We have received your document for KINGDOMCOM INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P03000130230 - EMAC SERVICES INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 310A000285288

#### **COVER LETTER**

TO: Amendment Section	
Division of Corporations'	
•	
name of corporation: <u>Kingdom</u> C document number: <u>P1000003</u>	an Incorporated
DOCUMENT NUMBER: P100003	4864
The enclosed Articles of Amendment and fee are se	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Eric Manley Name	
Name	of Contact Person
Fi	rm/ Company
1435 Bodford ST.	APT 1-06E
- VN AJEGNIST - V	Address
Homford CT, OG	905
City/ S	State and Zip Code
en in land	
E-mail address to be used for	future annual report notification)
,	·
For further information concerning this matter, plea	ise call:
En Mala	) 7 511 9000
Name of Contact Person	at ( <u>do 3</u> ) <u>J d - 10 9 9</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\Bigs\\$43.75 Filing Fee &	\$3.75 Filing Fee & \$\square\$\$\$ \$52.50 Filing Fee
Certificate of Status	Certified Copy Certificate of Status
	(Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Master Address	C44 A J.J
Mailing Address  Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

#### Articles of Amendment to Articles of Incorporation

of

FILED

(Name of Corporation as currently	filed with the Flo	orida Dept. of State)	AM 11: 57
KingdoMCom Incorporated (Document Number	of Corporation (if	034864 ALLAHASSE	OF STATE E. FLORIDA
Pursuant to the provisions of section 607.1006, Fl amendment(s) to its Articles of Incorporation:	lorida Statutes, this	is Florida Profit Corporation a	adopts the following
A. If amending name, enter the new name of the			nc.
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desiname must contain the word "chartered," "professi	word "corporation ignation "Corp," '	on," "company," or "incorpoi "Inc," or "Co". A profession	
B. Enter new principal office address, if applical			<del></del>
(Principal office address MUST BE A STREET A)	<u>DDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROX)		
(Manual and Cost Manual and Cost Of The Land			
D. If amending the registered agent and/or regis	tound office adduc	ess in Florida, autor the name	of the
new registered agent and/or the new registered			<u>or the</u>
Name of New Registered Agent:			
tume of New Negasiereu rigem.	· · · · · · · · · · · · · · · · · · ·	<del></del>	
New Registered Office Address:	(Florida stre	eet address)	
	,	,	
	(City)	, Florida (Zip Code)	
Now Degistered Agent's Signature if shorting D			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		ith and accept the obligations of	the position.
Signa	ture of New Regist	tered 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) **Title Name** <u>Address</u> **Type of Action** treasurer Cory James Kapper ☐ Add ☐ Remove ☐ Add ☐ Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption: (date of adoption is required)
Effective date if applicable: (date of adoption is required)  (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 stateme 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 shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12/// 20/0
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)
(Typed or printed name of person signing)
President (Title of person signing)