## P100000 45323

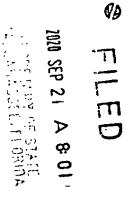
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: KNAP INC		
DOCUMENT NUM	BER: P10000045323		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	AMI PATEL		
		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·
	KNAP INC		
		Firm/ Company	<del></del>
	3547 CLEVELAND AVENU	_	
	Address		
	FORT MYERS, FL 33901		
		City/ State and Zip Code	
pina	mifl@gmail.com		
<u>.                                      </u>		sed for future annual report i	notification)
For further informatic	on concerning this matter, pleas	se call:	
AMI PATEL		732	306-3987
Name	of Contact Person	Area Coc	) 306-3987 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building Recutive Center Circle
		Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

KNAP INC	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P10000045323	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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	r "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	3547 CLEVELAND AVENUE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT MYERS, FL 33901
	- P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3547 CLEVELAND AVENUE
(Mutang dutress MAT BE A LOGI OLITED 1991)	FORT MYERS, FL 33901 37 8
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	
Name of New Registered Agent	
	street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Signature of Nev	w 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.

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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
0 0			
6) Change		_	
Add			
Remove			

ach additional sheets	additional Articles s, if necessary). (1	Be specific)			
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an amendment prov	idae for an avehan	aa raclassificatio	on or cancellati	an af issued share	•
rovisions for implen	nenting the amend	ment if not conta	ined in the ame	ndment itself:	34
(if not applicable,	indicate N/A)	-			
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
	OF SEPTEMBER, 2020	
DatedSignature	Ami. P. Patel	
(By a di selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	AMI PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	