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JUN 21 2017 S. YOUNG



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Kornukopia Inc.		
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	John M. Shine		
		Name of Contact Person	1
	Kornukopia Inc.		
		Firm/ Company	
	700 7th Avenue North		
	·	Address	
	Saint Petersburg, Florida 337	701	
		City/ State and Zip Code	e
John.	shine@kornukopia.com		
	<u>.</u>	sed for future annual report	notification)
		•	
For further information	n concerning this matter, pleas	se call:	
John M. Shine		at () 365-6112
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
enclosed is a check to	r the following amount made	payable to the Florida Depa	iriment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address
	endment Section		lment Section
	sion of Corporations		on of Corporations
	Box 6327		Building
I alla	ahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

котпикоріа інс.	1 1 b (CC)	
(Name of Corporation as currently filed with the F P10000060792	lorida Dept. of State)	
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Co</i> les Articles of Incorporation:	rporation adopts the follow	ring amendme
. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," "company," (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession or "Corp," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	17
). If amending the registered agent and/or registered office address in Florida, en	iter the name of the	
new registered agent and/or the new registered office address:		5]
Name of New Registered Agent	·	
	·:	- 12 - 01
(Florida street address)) -	* * * * * * * * * * * * * * * * * * * *
New Registered Office Address: (City)	, Florida	ip Code)
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the	e obligations of the position	1.
, , ,,		
Signature of New Registered Agent. i.	f 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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	- · · · · · · · · · · · · · · · · · · ·	
	=	
	3,511	
	<u>v</u> <u>sv</u>	V Mike JonesSV Sally Smith

(Attach additional sheets, if n	ecessary). (Be speci	fic)			
	.,,,		 -	***************************************	
			ı		
					
					
			- · · · · -		
· ····	-		- · · · ·		
					
If an amendment provides to provisions for implementing (if not applicable, indication in its entire)	ng the amendment if ate N/A)	not contained in th	cellation of issued : e amendment itself	<u>shares,</u> <u>f:</u>	
Article IV					-
he number of shares the corpor	ration is authorized to	issue is:	· = =		
,,000,000,0					
, <u></u>					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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 shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Company of the	
Signature (By a director, president or other officer – if directors or officers have not bee	
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	
John M. Shine	
(Typed or printed name of person signing)	
President and Incorporator	
(Title of person signing)	