P10000072333

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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Aprend. 08/26/13



August 15, 2013

NICOLE DYE K & N EXPRESS INC. 3516 PEACH DR. JACKSONVILLE, FL 32246

SUBJECT: K & N EXPRESS INC. Ref. Number: P10000072333

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

ARTICLES OF AMENDMENT MUST BE SIGNED BY AN OFFICER OR DIRECTOR.

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 call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 013A00019584

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | K&N Exp | ress Inc. | |
|-------------------------------|---|--|--|
| DOCUMENT NUMBER: | P10000072 | 333 | |
| The enclosed Articles of Am | nendment and fee are subr | mitted for filing. | |
| Please return all corresponde | ence concerning this matte | r to the following: | |
| Nicole Dye | | | |
| | | (Name of Contact Perso | n) |
| K&N Express | s Inc. | | |
| | | (Firm/ Company) | |
| 3516 Peach | Dr | | |
| | | (Address) | |
| Jacksonville, | FL 32246 | | |
| | · · · · · · · · · · · · · · · · · · · | (City/ State and Zip Cod | le) |
| kandn | express@y | ahoo.com | |
| E | -mail address: (to be used | for future annual report | notification) |
| For further information conc | erning this matter, please | call: | |
| Nicole Dye | | _{at} 904 | , 509-0902 |
| (Name of Co | ntact Person) | | ode & Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pa | yable to the Florida Dep | artment of State: |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| <u>Mailing A</u> Amendme | | | Address |
| | nt Section f Corporations | | dment Section on of Corporations |
| P.O. Box 6 | | Cliftor | Building |
| i aiianasse | e, FL 32314 | 2661 h | Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as | currently filed with t | he Florida Dept. of S | itate) | |
|--|---|---|--------------------------|--------------------------------------|
| P10000073 | 2333 | | | |
| (Documer | nt Number of Corporation | on (if known) | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, | this <i>Florida Profit Ca</i> | orporation adopts the fo | ollowing amendment(s |
| A. If amending name, enter the new na | ame of the corporation | <u>:</u> | | nut. |
| name must he distinguishable and con | tain the word "corpor | atlon," "company," | or "incorporated" or | the abbreviation |
| "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," | or "Co". A profession | onal corporation name | must contain the |
| | | 011 F.A. | | |
| B. Enter new principal office address. (Principal office address MUST BE A S | if applicable: | _10/11_ | | |
| (************************************* | , | | | |
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| | | | | |
| | | | | |
| C. Enter new mailing address, if annul | icable: | | | |
| C. Enter new mailing address, if appl (Mulling address MAY BE A POST | icable: OFFICE BOX) | | | ezi eno |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | <u>icable:</u> OFFICE BOX) | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | icable: OFFICE BOX) | | | 13 AL |
| (Mulling address <u>MAY BE A POST</u> | OFFICE BOX) | - Address in Florida a | and any the manus of the | 13 AUS 2 |
| C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent as new registered agent and new registered agent and or the new registered agent age | OFFICE BOX) ad/or registered office | nddress in Florida, c Iress: | nter the name of the | 13 AUS 23 |
| (Mulling address MAY BE A POST D. If amending the registered agent are new registered agent and/or the new | OFFICE BOX) ad/or registered office | nddress in Florida, c iress: | nter the name of the | 13 AUS 23 EP |
| (Mulling address MAY BE A POST D. If amending the registered agent as | OFFICE BOX) ad/or registered office | nddress in Florida, c iress: | nter the name of the | -71 - 22 |
| (Mulling address MAY BE A POST D. If amending the registered agent are new registered agent and/or the new | nd/or registered office w registered office add | lress: | enter the name of the | 13 AUS 23 EH 5: 0 MOREJARY SE STA |
| (Mulling address MAY BE A POST D. If amending the registered agent are new registered agent and/or the new | nd/or registered office w registered office add | nddress in Florida, c iress: ta strees address) | nter the name of the | න <u>ි</u> ධි. |
| (Mulling address MAY BE A POST D. If amending the registered agent are new registered agent and/or the new | ad/or registered office w registered office add N/A (Flora | tress: da street address) | , Florida | 5: 00 |
| D. If amending the registered agent as new registered agent and/or the new Name of New Registered Agent | ad/or registered office w registered office add N/A (Flora | lress: | | 5: 00 |
| D. If amending the registered agent as new registered agent and/or the new Name of New Registered Agent | ad/or registered office w registered office add N/A (Flora | tress: da street address) | , Florida | 5: 00 |
| D. If amending the registered agent as new registered agent and/or the new Name of New Registered Agent New Registered Office Address: | nd/or registered office w registered office add N/A (Florate | ta street address) | , Florida | 5: 00 |
| D. If amending the registered agent as new registered agent and/or the new Name of New Registered Agent | nd/or registered office w registered office add N/A (Florate (Florate Anneling Registered A | iress: da street address) City) | , Florida(Zip Co | STA STA |

Page 1 of 4

| P = President; V= Vice i Executive Officer; CFO i held, President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove | President, - Chief F r, Directo in the folioses the co | llowing manner. Currently John Doc is listed as the PS orporation, Sally Smith is named the V and S. These sho | in one title, list the first letter of each office IT and Mike Jones is listed as the V. There is |
|--|--|---|--|
| Example: X Change | PT | John Doe | |
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Address</u> |
| 1) _X_ Change | <u>V_</u> | Kimberly Nicholson | 3516 Peach Dr |
| Add | | • | JAL FI 32246 |
| Remove | | | |
| 2) X Change | P | Nicole S. Dye | 3516 Peach Dr |
| Add | | | JAY F1 32246 |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

Page 2 of 4

| | itional sheets, if | | | i <u>ec(s) hçrê</u> : | | | |
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| provisions | dment provides s for implement applicable, Indi | ing the amend | | | | | 3. |
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| The date of each amendment(s) adoption: 8-2-2013 date this document was signed. | , if other than the |
|--|---------------------|
| Effective date if applicable: 8-7-2013 | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK QNE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cust for the umendment(s) was/were sufficient for approval by Audh A " " " " " " " " " " " " " " " " " " " | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 8-7-2013 | |
| Signature Much A Ille | |
| (I) 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) | _ |
| A) icole 5 Dye (Typed or printed name of person signing) | - |
| President | |
| (Title of person signing) | - |