## P10000078530

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Amend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KAW FRAMING	INC	
DOCUMENT NUMB	P10000078530	4	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
	KLAUS A WOERLEIN		
-		Name of Contact Person	l
	KAW FRAMING INC		
•		Firm/ Company	
:	2100 EMPEROR ROAD		
-		Address	<u> </u>
	KISSIMMEE, FL 34744		
-		City/ State and Zip Code	2
KWO	ERLEIN2@CFL.COM		V
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
KLAUS A WOERLEI	N	at ( <u>407</u>	908-6714
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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, F1, 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

KA	W	FR	A١	ИĽ	NG	INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P10000078530	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
D F	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS) : : : : : : : : : : : : : : : : : :
	25-
	30
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	fice address:
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(Chy) (Zth Code)
New Registered Agent's Signature, if changing Regist	tored Agent:
	am familiar with and accept the obligations of the position.
•	
Signati	ure of New 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	D	BRYAN PRIVETTE	2100 EMPEROR ROAD
Add			KISSIMMEE, FL 34744
X Remove			
2) Change	D	RICKY ROMERO	2100 EMPEROR ROAD
Add			KISSIMMEE, FL 34744
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			<del></del>
Remove			
Kemove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<del></del>
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)	
N/A	

·	FEBRUARY 1, 2018	
The date of each amendment(s) adde this document was signed.	ıdoption:	, if other than the
	BRUARY 1, 2018	
Effective date if applicable:	(no more than 90 days after amendment fil	'e date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirespartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for taufficient for approval.	he amendment(s)
	oproved by the shareholders through voting groups. The far each voting group entitled to vote separately on the ame	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action	ı and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and	l shareholder
FEBRU/	ARY 1, 2018	
Dated		
6:	+1 A (1/2 m/m)	•
Signature\ (By a	director, president or other officer – if directors or officers	s have not been
selec	ted, by an incorporator - if in the hands of a receiver, truste	
appo	nted fiduciary by that fiduciary)	
	KLAUS A WOERLEIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	