

P100000090439

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990003006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CORPORATE@ZKSLAWFIRM.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
KEY ASSETS FLORIDA, INC.**

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NO. 0788 P. 1



ZIMMERMAN KISER SUTCLIFFE
ATTORNEYS

Fax Transmission Cover Sheet

This is a confidential communication intended solely for the individual named below

Date	July 10, 2020
To	FL SOS / Division of Corporations ATTENTION: Terri J. Schroeder, Regulatory Specialist III
Fax Number	(850) 617-6380
Re	Key Assets Florida, Inc. Fax Aud. # H20000198680 Letter # 020A00012758
Sent By	Jessica Snyder, Corporate Paralegal (jsnyder@zkslawfirm.com)
Client/Matter#	12352-2

Number of pages including cover page: 9

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (407) 425-7010.

Message:

Please see the attached Articles of Amendment for filing as requested in your Letter.

Please use the original date of submission for the filing date.

Thank you.

Message to Operator/Recipient at Destination: The information contained in this fax message is intended only for the personal and confidential use of the designated recipient(s) named herein. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient (s), or an agent responsible for delivering it to the intended recipient(s), you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify the sender or this office immediately by telephone and return the original message to us by mail. If you do not receive all the pages indicated, or if you have any problems concerning this telecopy, please call the sender immediately at (407) 425-7010. Thank you.

Zimmerman Kiser Sutcliffe

Suite 600, Landmark Center One, 315 East Robinson Street, Orlando, Florida 32801
Telephone (407) 425-7010 Facsimile (407) 425-2747 www.zkslawfirm.com

7/10/2020

JUL 10 2020 4:25PM

NO. 0788 P. 2

850-617-6381

6/29/2020 10:50:21 AM PAGE 1/001 Fax Server



June 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KEY ASSETS FLORIDA, INC.
C/O ZIMMERMAN, KISER & SUTCLIFFE, P.A.
STEPHEN B. HATCHER-315 E ROBINSON ST, #60
ORLANDO, FL 32801

SUBJECT: KEY ASSETS FLORIDA, INC.
REF: F10000090439

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

As of January 1, 2020, the form for amending a Profit Corporation has changed. Please use the new Profit Articles of Amendment form located on our website (www.sunbiz.org).

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.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: E20000198680
Letter Number: 020A00012758

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KEY ASSETS FLORIDA, INC.

DOCUMENT NUMBER: P10000090439

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTINE L. WEINGART, ESQUIRE

Name of Contact Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

Firm/ Company

315 E. ROBINSON STREET, SUITE 600

Address

ORLANDO, FLORIDA 32801

City/ State and Zip Code

CORPORATE@ZKSLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA SNYDER, CORPORATE PARALEGAL

at (407) 425-7010

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

KEY ASSETS FLORIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000090439

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

THRIVE FLORIDA, INC

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "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)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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)

[illegible]

The date of each amendment(s) adoption: JUNE 1, 2020, 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 date will not be listed as the document's effective date on the Department of State's records.

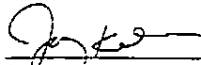
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 statement 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)

Dated 07/02/2020

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)

JOY KELLEHER

(Typed or printed name of person signing)

DIRECTOR, PRESIDENT, AND SECRETARY

(Title of person signing)