| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nai | me)         |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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| NAME OF CORPORATION: Russell Harvey  | y, Inc.   | 6- old rame  |
|--|---|--|
| DOCUMENT NUMBER: P10000100264  |   | ·  |
| The enclosed Articles of Amendment and fee are su  | bmitted for filing.   |  |
| Please return all correspondence concerning this mat   | tter to the following:  |  |
| Russell Harvey   |   |  |
|  | Name of Contact Person  | n .  |
| Kokomo Technical Ser   |   | - NEW NAME   |
|  | Firm/ Company   |  |
| 11795 West Bayshore  | Drive-  |  |
|  | Address   |  |
| Crystal River, FL 3442   | 9   |  |
|  | City/ State and Zip Cod   | е  |
| russ.harvey371@gmail.con   | n   |  |
|  | ed for future annual report   | notification)  |
| · ·  | •   | ·  |
| For further information concerning this matter, pleas  | e call:   |  |
| Russ Harvey  | <sub>at (</sub> 352   | <sub>3</sub> 212-8038  |
| Name of Contact Person   |   | de & Daytime Telephone Number  |
|  |   |  |
| Enclosed is a check for the following amount made p  | payable to the Florida Depa   | artment of State:  |
| \$35 Filing Fee & Certificate of Status  | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>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<br>Divisio<br>Clifton<br>2661 E                                       | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301  |

## **Articles of Amendment** to **Articles of Incorporation** of

| 12 AD     | A Cooper    |
|-----------|-------------|
| 12 APR 19 | PAY DRATTON |
|           | رج ره       |

Russell Harvey, Inc.

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

P10000100264

nt(s) to

| (Document Number of Corporation (if  | known)   |
|--|--|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | lorida Profit Corporation adopts the following amendment |
| A. If amending name, enter the new name of the corporation:  |  |
| Kokomo Technical Services, Inc.  | The new  |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P | o". A professional corporation name must contain the     |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | 11795 West Bayshore Drive                                |
|  |  |
| 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:  | ss in Florida, enter the name of the                     |
| Name of New Registered Agent   |  |
| (Florida stree   | t address)   |
| New Registered Office Address:   | , Florida  |
| New Registered Office Address:  No onenge (City)   | (Zip Code)   |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent.                        |  |

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 <math>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:<br>X Change       | <u>PT</u>                    | John Doe    |                 |
|----------------------------|------------------------------|-------------|-----------------|
| A Change                   | 1_1.                         | TOTAL DOC   |                 |
| X Remove                   | Y                            | 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)ChangeAddRemove          |                              |             |                 |
| 2) Change Add Remove       |                              |             |                 |
| 3 ) Change Add Remove      |                              |             |                 |
| 4) Change Add Remove       | <del>- 112 - 112 ( 112</del> | MIN         |                 |
| 5) Change Add Remove       |                              |             |                 |
| 6) Change<br>Add<br>Remove |                              |             |                 |

Page 2 of 4

| E. If amending or adding additional Articles, enter change(s) here:  ( attach additional sheets, if necessary). (Be specific)  |   |
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| 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 $N/A$ )   |   |
|  | <u>,, , , , , , , , , , , , , , , , , , ,</u> |
|  |   |
| A(N)A  | ·   |
| N/n  |   |
|  | <del></del>                                   |
|  |   |
|  |   |

| The date of each amendment(s) ac                                 | loption:   |
|--|--|
| Effective date if applicable:                                    | •  |
|  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| The amendment(s) was/were ado<br>by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |
|  | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
|  | for the amendment(s) was/were sufficient for approval  |
| by   | (voting group)   |
|  | (voting group)   |
| ☐ The amendment(s) was/were ado action was not required.         | opted 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   |
| Dated 4  | 16/2012  |
| Signature  | Y.A)   |
| (By a di   | irector, president or other officer - if directors or officers have not been   |
|  | d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)                              |
| про  | (Typed or printed name of person signing)  |
| •  | (Typed or printed name of person signing)  |
|  | (Title of person signing)  |
|  | (Title of person signing)  |