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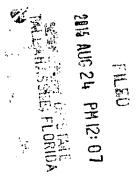
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: KAPPA OU INC. DOCUMENT NUMBER: P11000084076 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JESSIE LAU Name of Contact Person HYTON ACCOUNTING CO INC. Firm/ Company 11 EAST BROADWAY SUITE 10B Address NEW YORK, NY 10038 City/ State and Zip Code sales2@hytongroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JESSIE LAU at (212 587-3828

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

KAPPA OU INC.		2015 AUG 24 PM 12: 07
(Name o	f Corporation as currently filed with t	the Florida Dept. of State)
P11000084076		MARY TANK LETSTATE
	(Document Number of Corporation	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Prof</i>	it Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
	ation "Corp," "Inc," or "Co". A proj	ny," or "incorporated" or the abbreviation fessional corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new		la, enter the name of the
Name of New Registered Agent	TJUNG, ANDY LEE	
Nume of New Negastered Agent	505 BRENT LANE	
	(Florida street address)	
New Registered Office Address:	PENSACOLA	. Florida 32503
HEW REGISTERE Office Hadress.	(City)	(Zip Code)
		•
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ept the obligations of the position.
	Ta	
	Signature of New Registered Ag	ent, 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.

X Change	<u>PT</u>	John De	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) X Change	PD	TJUNG, ANDY LEE		505 BRENT LANE		
Add				PENSACOLA, FL 32503		
Remove						
2) Change		_				
Add						
Remove						
3) Change				•		
Add			•			
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach additional sheets, if necess	sary). (Be specific)			
			. .	
		······································		

			- -	
an amendment provides for ar provisions for implementing the	<u>1 exchange, reclassif</u> e amendment if not c	<u>ication, or cancella</u> contained in the ar	tion of issued shares, rendment itself:	i
(if not applicable, indicate N	7/A)			

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 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 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)
☐ 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.
08/18/2015 Dated
Signature
(By a director, president of 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)
TJUNG, ANDY LEE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)