P11000 102 133

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KOLORTEK EXP	RESS CORP				
DOCUMENT NUMI	BER: P11000102133					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	DANIEL A. SISTO					
		Name of Contact Person	n			
	KOLORTEK EXPRESS CORP.					
		Firm/ Company				
	37232 STATE ROAD 54					
	Address					
	ZEPHYRHILLS, FL 33542					
		City/ State and Zip Cod	e			
KOL	ORTEKEXPRESS@GMAIL	COM	,			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
DANIEL A. SISTO		813 at (748-1839			
		de & Daytime Telephone Number				
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artinent of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section			Address Iment Section			
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KOLOR TEK EXPRESS CORPORATION

NOCON TENEZA VICE TO THE PROPERTY OF THE PROPE	
(<u>Name of Corporatio</u>	on as currently filed with the Florida Dept. of State)
P11000102133	
/Dagues	ent Number of Corporation (if known)
(Decum	ent isumber of Corporation (11 known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) ¹
A. If amending name, enter the new name of the cor	rporation:
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the a B. Enter new principal office address, if applicable:	2019 SEC
(Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOY	20 PH 2: 0
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent:
Signa	nture 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT </u>	<u>ohn Doe</u>	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
D Change	D	DANIEL A. SISTO	4936 LAMAR RD.
Add			ZEPHYRIIILLS, Ft. 33541
XX Remove			
2) XX Change	P, D, C	DANIEL A. SISTO	4936 LAMAR RD.
Add			ZEPHYRHILLS, FL 33541
Remove			
3.) XX Change	s. T	URSULA M. SISTO	4936 LAMAR RD.
Add			ZEPHYRHILLS, FL 33541
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
DANIEL A. SISTO - OWNER PERCENTAGE 100%
URSULA M. SISTO = OWNER PERCENTAGE 0%
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 8/A)
<u></u>

The date of each amendmen date this document was signed		, if other than the
	JUNE 1, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this one Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendmentere sufficient for approval.	u(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	į.
by	(voting group)	:
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
JU Dated Signature _	JNE 1, 2019	
(1 s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	DANIEL A. SISTO	
	(Typed or printed name of person signing)	
	PRESIDENT, DIRECTOR, CEO	
	(Title of person signing)	

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