## P12-000 040526

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DEPARTMENT OF STATE

12 DEC -5 AH IO: 43
SECRETARY OF STATE



## **COVER LETTER**

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TO: Amendment Section Division of Corporations				
NAME OF CORPORATION	KART		***	
DOCUMENT NUMBER:	P1200	0040526	2	
The enclosed Articles of Amer	ndment and fee are su	bmitted for filing.		
Please return all corresponden	ce concerning this ma	tter to the following:		
	ROBERT	Name of Contact Person	1	
	KART	INC.		
114	1955	PIENELAND	A1/5	
	75 5 6	Address	nvc	
	FORT N	LYERS, FL	33907	
		City/ State and Zip Cod		•
ROBE	RTBHAIL	<b>ESMAIL</b> . Co	om	
<u> </u>	mail address: (to be u	sed for future annual report	notification)	
For further information concer	rning this matter plea	se call:		
	_	se can,		
ISOBERT H		at ( 513	) 320 1856 de & Daytime Telephone Numbe	CAII WHEN
Name of Conta	act Person	Area Co	de & Daytime Telephone Numbe	RECEIVE
Enclosed is a check for the fol	llowing amount made	payable to the Florida Depa	artment of State:	
	\$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 Ad			Address	

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

KART INC.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000040526	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	11495 S CIEVELAND AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT MYERS, FL 33907
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	11495 S CIEVELAND AVE
	FORT MYERS FL 33907
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent _ Rober+ 1	B. Hall
11495 5 018	VELAND AVE
	reet address)
New Registered Office Address: PORT MYESZ	5 , Florida 3370 _
(Cn)	(zip code)
	FORMAL STATES
New Registered Agent's Signature, if changing Registered Agen	and the state of t
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.  Agent, if changing
Signature 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>.s.</u>	ROBERTBH411	6168 HUCKIEBERRY LAI LIBERTY TWP, OH 4501
2) Change Add	PID	ROBERTO HAII	11495 S CIEVELAND AVE FORT MYERS, FL 33907
Remove 3 ) Change Add Remove	<u>S</u>	TONYAE HA!	114955 CIEUELAND AUE FORT MYERS, FL 33907
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

(Attach additional sheets, if necessary).	). (Be specific)
	· · ·
provisions for implementing the am	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ac	doption: 12-4-12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 12-	-4-12
Signature	State of the control
selecte	lirector, 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 ted fiduciary by that fiduciary)
	ROBERT 13 HAII (Typed or printed name of person signing)
	PRESIDENT / SECRETARY / IDIRECTOR (Title of person signing)
	(Title of person signing)