P.13000022712

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone #	<i>f</i>)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: King Osborne PE Inc DOCUMENT NUMBER: P13000022712			
DOCUMENT NUMBER: <u>\$13000022712</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
King Osborne Name of Contact Person			
Firm/ Company			
2321 Red Ember Rd Address			
Address			
Oviedo, FL 32.765 City/ State and Zip Code			
ko32765@att.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
King Osborne at 407 808 8403 Name of Contact Person Area Code & Daytime Telephone Number			
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			
Mailing Address Amendment Section Amendment Section Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

King Osborne PE (Name of Corporation as current	Inc
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P13000022712	
(Document Number o	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:	
Kina Osborne Inc	The new
name must be distinguishable and contain the word "corporation "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: (Principal office address MUST BE A STREET ADDRESS)	<u>na</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2017 FEB 13 PH
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent Na	
(Florida st	reet address)
New Registered Office Address:	, Florida
- to region of officers and	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
	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	<u> T4</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change		na				
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

E. If amending or additional she	ng additional Artic ets, if necessary).	les, enter chan (Be specific)	ge(s) here:			
no-						
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F. If an amendment pr provisions for impl	ovides for an exch:	ange, reclassifi dment if not c	cation, or canc	<u>ellation of issue</u> amendment its	<u>d shares,</u> elf:	
(if not applicab	le, indicate N/A)					
na						
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The date of each amendment(s) adoption: None	, 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 wi document's effective date on the Department of State's records.	Il not be listed as the
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)	
(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.	
Dated 2/10/17	
Signature <u>Ring Oslvova</u> 2/10/17 (By a director president or other officer – if directors or officers have not been	
(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)	
King Osborne (Typed or printed name of person signing)	
· · · · · · · · · · · · · · · · · · ·	
President (Title of person signing)	
(Title of person signing)	