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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORA	TION: KOAC	A Glass, Inc.				
DOCUMENT NUMBER: \$\int 13 06 00 36 0 30						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
_	Techo	A Livera Name of Contact Person				
_		Name of Contact Person				
	Pavera	& Sowe In.				
2752 hi: chi on Ave Unity						
	,					
	KISSIMA	City State and Zip Code				
		City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)						
For further information of	concerning this matter, pleas	se call;				
1						
Tedro	100cm	at (807) 350 - 2556 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	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address		Street Address				
Amendment Section		Amendment Section				
	on of Corporations	Division of Corporations Clifton Building				
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

2:

	ب برماد			San Gill 15 bt
TOACH	SLA55	Inc		
(Name of Corpo	ration as currently for	iled with the Florid	a Dept. of State)	TALLAHASSEE
¥130000	36030			
	ocument Number of C	orporation (if known)	
rsuant to the provisions of section 607,1006, Flo Articles of Incorporation:	orida Statutes, this Flo	orida Profit Corpora	tion adopts the fo	llowing amendment(
Attrices of meorporation.				
If amending name, enter the new name of th	e corporation:			
				The new
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp," "Inc," or "Co	o". A professional c	ncorporated" or corporation name	the abbreviation must contain the
Enter new principal office address, if applic	able:			
rincipal office address <u>MUST BE A STREET</u> .	<u>4DDRESS</u>)			
				
Page and mailing address if applicable				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)			
			- 	
. If amending the registered agent and/or reg	datawad affian addrag	e in Clorida, antar t	ha numa of tha	
new registered agent and/or the new register		s m r tortua, enter t	tie traine of the	
Name of New Registered Agent			*	
	(Florida street	(address)		
New Registered Office Address;			, Florida	
	(C	Ϋ́υ,		(Zip Code)
ew Registered Agent's Signature, if changing			0	
iereby accept the appointment as registered age	nt. I am familiar wil	n and accept the obl	igations of the po.	SHION.
	Signature of New Reg	nictored toom if cho	noina	

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 = Chairmon 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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
F) Change	A Mary 3 Foxces	P.O. Rex 720305
Add		Oxlanda 1232822.
Remove		
2) Change	1 Soel Corder o art.	2 4560 N
X_ Add		talmetto dec
Remove		Winter Par 276 3279;
3) <u>***</u> Change Add		
Remove		
4) 🔀 Change	YP mary 5 Tower	4560 M
Add		Vinter ford 7C3279
Remove		Winter fack 7C3279.
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
					
	- 				
			·		
		_ _			
	·				
					
f an amendment provides for an excl	nange, reclassifica	tion, or cancellat	ion of issued sha	res,	
provisions for implementing the ame (if not applicable, indicate N/A)	<u>endment it not cor</u>	tainea in the amo	enament (tseit:		
			<u> </u>		
					
					

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file	· date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folemust be separately provided for each voting group entitled to vote separately on the amen	llowing statement ndment(s);
"The number of votes east 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 action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 6/12/18.	
Signature(By a director, president or other officer – if directors or officers	house not been
selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
Tedes lovera	
(Typed or printed name of person signing)	
C70	
(Title of person signing)	