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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KNUD E. HANSEN USA, INC						
DOCUMENT NUMBER:	P13000055098					
The enclosed Articles of Ar		omitted for filing.				
Please return all correspond	lence concerning this mat	ter to the following:				
YES	YESENIA VILLEDA					
	Name of Contact Person					
KNU	KNUD E. HANSEN USA, INC.					
	Firm/ Company					
1850	1850 SE 17TH STREET, SUITE 202					
		Address				
FT L	FT LAUDERDALE, FL 33316					
		City/ State and Zip Code				
FINANCE	USA@KEH-US.COM					
	-	ed for future annual report	notification)			
For further information concerning this matter, please call:						
YESENIA VILLEDA		at () 271-0180			
Name of Contact Person		Area Co	de & 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 & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

P13000055098	or conportation as carrent	<u> </u>	,
	(Document Number of	of Corporation (if known)	m
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation
		N/A	
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli	icable:	N/A	
(Mailing address MAY BE A POST	OFFICE BOX)	N/A	
D. If amending the registered agent an	nd/or registered office add	lross in Florida, enter the no	ame of the
new registered agent and/or the new			inc of the
Name of New Registered Agent	FINN WOLLESEN PETERSEN		
	1850 SE 17TH STREET,	SUITE 202	
	(Florida si	reet address)	
New Registered Office Address:	FT LAUDERDALE		, Florida 33316
New Registered Office Auditess.	***	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ons of the position.
Vin	- Wollesen T.	Sersen	
		Registered Agent, if changing	3

Page 1 of 4

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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	DOUGLAS FRONGILLO	1850 SE 17TH STREET
Add			SUITE 202
X Remove			FT LAUDERDALE, FL 33316
2) X Change	CEO	FINN WOLLESEN PETERSEN	1850 SE 17TH STREET
Add			SUITE 202
Remove			FT LAUDERDALE, FL 33316
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add	-		
Remove			

E. <u>If ame</u> (Attach	nding or adding additional Arti additional sheets, if necessary).	cles, enter change(s) her (Be specific)	<u>*e</u> :	
N/A				
				24V 148
				<u> </u>
				<u> </u>
				······································
		-		
			·	
. If an a	mendment provides for an excl	nange, reclassification, o	r cancellation of issue	ed shares.
provi	sions for implementing the ame	ndment if not contained	in the amendment its	self:
N/A	if not applicable, indicate N/A)			
				
 _				
<u> </u>				

07/10/2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	·
Effective date if applicable: (no more than 90 days after amendment file de	nte)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will 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 a by the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"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 an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	ıreholder
Dated	
Dated	
(By a director, president or other officer – if directors or officers ha selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
FINN WOLLESEN PETERSEN	
(Typed or printed name of person signing)	
COB	
(Title of person signing)	