

P13000080060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

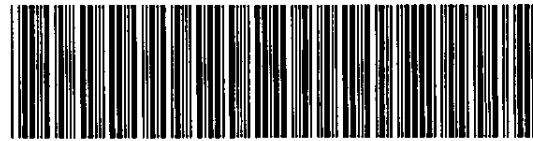
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/17--01047--013 **35.00

FILED
CLERK OF STATE
JAN 23 PM 1:51

JAN 26 2017
C LEWIS

Stephanie Alton
Director
EAS II, Inc
306 Mill Creek Rd
Middleburg, FL 32211

January 12, 2017

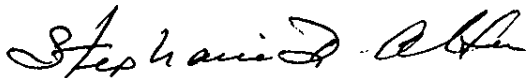
Department of Treasury
Internal Revenue Service
Cincinnati, OH 45999-0013

RE: Name Change
EIN: 46-3755626

To Whom It May Concern:

This letter is to inform and update IRS records of a name change for my business. I am enclosing the documents filed with the State of Florida approving my new name **E.A.S. II, Inc.** I would like to have the IRS update my records reflecting this new name. The old name was K& J Motors Corp.

Thank you,

A handwritten signature in black ink, appearing to read 'Stephanie Alton', written in a cursive style.

Stephanie Alton

Stephanie Alton
Director
EAS II, Inc
306 Mill Creek Rd
Middleburg, FL 32211

January 12, 2017

Florida Department of Revenue
921 N Davis St Ste 250A
Jacksonville, FL 32207

RE: Name Change
EIN: 46-3755626
Sales Tax Certificate # 26-8016296883-3

To Whom It May Concern:

This letter is to inform and update DOR records of a name change for my business. I am enclosing the documents filed with the State of Florida approving my new name **E.A.S. II, Inc.** I would like to have the IRS update my records reflecting this new name. The old name was K& J Motors Corp.

Thank you,



Stephanie Alton

DEBBIES ACCOUNTING SER
3575 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216
01/12/2017 10:36:58
MID: XXXXXXXXXXXXXXXB39 TID: XXXXX373

CREDIT CARD


MC SALE

Card # Token XXXXXXXXXXXXXXX1166
SEQ #: 7
Batch #: 381
INVOICE 9
Approval Code: 723189
Entry Method: Swiped
Mode: Online
Tax Amount: \$0.00

change name
state filing
fee

SALE AMOUNT \$70.00

I agree to pay above total amount
according to card issuer agreement.
(Merchant agreement if Credit Voucher)


STEPHANIE ALTON

MERCHANT COPY

EAS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: K&J MOTORS CORP.

DOCUMENT NUMBER: P13000080060

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nick Wilmot
Name of Contact Person
Debbie's Accounting Service, Inc
Firm/ Company
3575 Southside Blvd
Address
Jacksonville, FL 32216
City/ State and Zip Code
nick@debbiesaccountingservice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nick Wilmot at (904) 733-4547
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2017 JAN 23 PM 1:51

K&J MOTORS CORP.

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

P13000080060

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

E.A.S. II, Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Stephanie Alton
306 Mill Creek Rd
(Florida street address)

New Registered Office Address: Jacksonville, Florida 32211
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>DIRE</u>	<u>LUKNER, KEVIN A</u>	<u>12419 OWLS NEST CT</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE, FL 32225</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DIRE</u>	<u>MEIER, JOSEPH W</u>	<u>3551 PEDDLE PATH LN</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE, FL 32224</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>DIR</u>	<u>STEPHANIE ALTON</u>	<u>306 MILL CREEK RD</u>
<input checked="" type="checkbox"/> Add			<u>JACKSONVILLE, FL 32211</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>DIR</u>	<u>MATTHEW LEE</u>	<u>306 MILL CREEK RD</u>
<input checked="" type="checkbox"/> Add			<u>JACKSONVILLE, FL 32211</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

REMOVING KEVIN LUKNER AND JOSEPH MEIER

ADDING STEPHANIE ALTON, MATTHEW LEE

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 N/A)

The date of each amendment(s) adoption: _____
date this document was signed.

FILED if other than the
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____

(no more than 90 days after amendment file date)

2017 JAN 23 PM 1:51

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

☐ 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 1-11-17

Signature _____

(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)

KEVIN LUKNER

Kevin Lukner

(Typed or printed name of person signing)

DIR

(Title of person signing)