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COVER LETTER COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Southers Ken Properties Tre-
DOCUMENT NUMBER: P 1 30000 9 8 8 08
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kayly By2D Name of Contact Person
Southern Ken Properties , I'm.
2201 S Jan Blud Address
CRESTREE And Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kayly Bijilis at (850), 974-4800 Cell 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

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

Articles of Incorporation

dment(s) to

A. If amending name, enter the new name of the corp	oration:	
<u> </u>		The i
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abi "Inc," or "Co". A professional corporation name must co breviation "P.A."	breviat ontain
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
Control of the contro		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered	l office address in Florida, enter the name of the	
new registered agent and/or the new registered off		
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:	Florida	
New regarded control duries.	, Florida, Zip Ce	ode)
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as revisiered agent. I a	ered Agent: im familiar with and accept the obligations of the position.	
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	ma of Many Davidson of James if should be	

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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	DIATURE 5 GASTON	- 2201 S FERRON BLI CRESMEN 71
Remove	D		32536
2) Change Add	<u> PU</u>	Kaylyn Byrd	22015 Ferdan Blod Cresher, 77
			3252¢
Remove 4) Change Add			
Remove			
5) Change Add			
Remove 6) Change			-
Add		•	
Remove			

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e, reclassific	ation, or ca	ancellation o	of issued sh	ares,	
nent if not co	ntained in	the amendn	nent itself:		
				- -	•
<u> </u>					•
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<u> </u>	e, reclassific ent if not co	e, reclassification, or calent if not contained in	e, reclassification, or cancellation on the amendment if not contained in the amendment in	e, reclassification, or cancellation of issued shent if not contained in the amendment itself:	e, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:

The date of each amendment(s) adoption:	, 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 dadocument's effective date on the Department of State's records.	ite 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 amendment(s) by the shareholders was/were sufficient for approval.	;)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	mt
"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.	:r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4-12-19	
Signature HAS Brack	
(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 cour appointed fiduciary by that fiduciary)	ι
V_{A}	
(Typed or printed name of person signing)	
() speci of printed name of person signing)	
Durec	
(Title of person signing)	