

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400335949914

16/24/19--01010--015 \*\*95.00

. ~

01:27:13

Amend Rame

DEC 1 1 2019
I ALBRITTON



November 21, 2019

THE KISKA GROUP, INC. 11778 MOUNTAIN WOOD LANE JACKSONVILLE, FL 32258

SUBJECT: THE KISKA GROUP, INC.

Ref. Number: P14000053677

We have received your document for THE KISKA GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the form in its entirety as there are pages missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

2019 DEC -9 PH 12: 06

Letter Number: 719A00023871

## Articles of Amendment to Articles of Incorporation

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P14000053677		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen	
. If amending name, enter the new name of the corporation:		
Baker Pools, Inc.	The new	
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	11778 Mountain Wood Lane	
Principal office address MUST BE A STREET ADDRESS )	Jacksonville, FL 32258	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11778 Mountain Wood Lane	
	Jacksonville, F1, 32258	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address  N/A  Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address: N/A	, Florida	
	(City) (Zip Code)	

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: 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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)					
N/A	•••	• • •			
	<u>-</u>	<u></u>		<del></del> _	<del></del> _
_			. <u></u>		
	···				
					<del></del>
				<del></del>	
	<u>-</u>				<u> </u>
_					
			<del></del>		
				·	<del>-</del>
F. If an	amendment provides for an excha visions for implementing the amen	nge, reclassificatio	n, or cancellation	of issued shares,	
<u> prov</u>	(if not applicable, indicate N/A)	ument is not conta	inco in the ameno	mene itsen.	
N/A					
		· · · · · · · · · · · · · · · · · · ·			
				<u></u>	
			<del></del>		
	· · · · · · · · · · · · · · · · · ·				

The date of each amendmen	October 21, 2019 t(s) adoption:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	October 21, 2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date value the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Octob	her 21, 2019	
Dated		
C:	Jan 1 St	
Signature	By a director president or other officer – if directors or officers have not been	<del></del>
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
а	ppointed fiduciary by that fiduciary)	
	Dean Baker	
	(Typed or printed name of person signing)	
	President	
	(Title of percen signing)	