P14000074745

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PICK-UP	■ WAIT	MAIL
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C. CARROTIERS

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Kin Folk Investment Corp

Name of Corporation

DOCUMENT NUMBER

P14000074745

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zandra Di Giorgio

Name of Contact Person

N/A

Firm/Company

8321 Philadelphia Avenue

Address

Spring Hill, Fl. 34608

City/State and Zip Code

zmdigiorgio@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zandra Di Giorgio

...352

442-1714

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

<u>Street Address:</u>

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VIN	EOL	V	A I	/ECTA	ACNIT	CORP
KIIN	P (31	n.	IIVI V	/ - 5 1 1	AIT IVI	LURP

(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of Sta	te)
P14000074745			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			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 corporation na	
B. Enter new principal office address, if applicable:		8321 Philadelphia Avenue	### BO
(Principal office address <u>MUST BE A S</u>		Spring Hill, Fl. 34608	
			70 P
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			電流 ()(
			·
· .			
D. If amending the registered agent ar			<u>e</u>
new registered agent and/or the new registered office address: ZANDRA DI GIORGIO		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent		<u> </u>	
	(Florida et	reet address)	
	8321 Philadelphia Aver	ue Spring Hill	34608
New Registered Office Address:		(City), Florid	a(Zip Code)
	·		
New Registered Agent's Signature, if of I hereby accept the appointment as regis			position.
		_ `	•
		?	
·			

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 D	oe		
X Remove	<u>v</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	. ,	<u>Name</u>		Address
1) Change	P,D	,	GABRIEL IBRAHIM		8321 Philadelphia Avenue
Add		-		- · ;,	Spring Hill, Fl. 34608
X Remove			•		
2) Change	P,D		ZANDRA DI GIORGIO		8321 Philadelphia Avenue
X Add		_		- .	Spring Hill, Fl. 34608
Remove				,	
3) Change		<u>.</u>		_	
· Add					
Remove					
4) Change	•		,· ·		
Add					
Remove	÷				· · · · · · · · · · · · · · · · · · ·
5) Change		٠.	,	٠.	•
Add			· , - · · ·	_	
Remove			· .		
6) Change	•				
Add					
Damava					

• If amending or adding additional Articles (Attach additional sheets, if necessary). (I	s, enter change(s) here: Be specific)			
			•	
OMPANY WILL ADD MOBILE DETAILIN	NG SERVICE			
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. If an amendment provides for an exchan provisions for implementing the amend	ge, reclassification, or c	ancellation of issued	shares,	
(if not applicable, indicate N/A)	· ·		·	
A ·				
· · · · · · · · · · · · · · · · · · ·				
	<u>. </u>		-	•
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	10-16	
Effective date <u>if applicable</u> :	10-16 	,
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date we bepartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder	
· select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	OLENA DOTSON	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	<u></u>