P15000036240

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SECRETARY OF STATE

JUN 25 2015

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Tree Kings Inc. DOCUMENT NUMBER: \$15000036240					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person Tree Kings + nc Firm/ Company 4130 Versailles Dr Address Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Emanul Gravely at (407) 451.8967 Name of Contact Person Area Code & Daytime Telephone Number					
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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

SECRETARY OF STATE DIVISION OF CORPORATIONS

· I ree Kings Inc.	15 JUN 16 PM 1:59			
	iled with the Florida Dept. of State)			
<u> </u>				
(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)			
A. If amending name, enter the new name of the corporation:				
N/B	The new			
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/H			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the			
	travely Noc 120			
(Florida street				
New Registered Office Address: Or Cando	, Florida 3 2 8 0 8			
(Ci	ty) (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.				
Emanuel Gravely				
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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	1	Walter Gravely	4130 Vergailles Dr Orlando, 71 32808
X Add		J	Orlando, 71 32808
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amer (Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	
,	
provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
(4	f not applicable, indicate N/A)
	A / 1 /
	/

The date of each amendment(s) adoption:	6°12-15	if other than the
date this document was signed.		f (l. f f)
Effective date if applicable:		SECRETARY OF STATE DIVISION OF CORPORATIONS
Estective date it applicable.	(no more than 90 days after amendment file d	ate) 15 JUN 16 PM 1: 59
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirem	
Adoption of Amendment(s) (CI	HECK ONE)	
c amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the approval.	amendment(s)
	ne shareholders through voting groups. The follo g group entitled to vote separately on the amenda	
	endment(s) was/were sufficient for approval	
by	oting group)	
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action an	d shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	nreholder
Dated 6-12-15	<u> </u>	
Signature Ewomul	Grandy	
(By a director, pres	sident or other officer – if directors or officers ha orporator – if in the hands of a receiver, trustee,	ve not been
	y by that fiduciary)	of other court
Ema	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	ce President	
	(Title of person signing)	