P15000059194

| (Re | equestor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
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| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE

AUG 30 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | C HANDYMAN INC | | | |
|---|---|--|--|--|
| DOCUMENT NUMBER: P1500005 | | | | |
| The enclosed Articles of Amendment | and fee are submitted for filing. | | | |
| Please return all correspondence conce | erning this matter to the following: | | | |
| MARIA ISTON | NA . | | | |
| | Name of Contact Person | | | |
| | Firm/ Company | | | |
| 46 PINE TREE | DR | | | |
| DALM COA CT | Address | | | |
| PALM COAST | | | | |
| | City/ State and Zip Code | | | |
| EVK1217@GMAIL. | | | | |
| E-mail add | lress: (to be used for future annual report notification) | | | |
| For further information concerning this | s matter, please call: | | | |
| MARIA ISTONA | at (386) 503-0939 | | | |
| Name of Contact Perso | | | | |
| Enclosed is a check for the following a | amount made payable to the Florida Department of State: | | | |
| | Filing Fee & Status Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323 | tions Division of Corporations Clifton Building | | | |

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPURATION:

KMEC HANDYMAN INC

2016 AUG 22 PM 12: 51

| (Name of Corporation | on as currently filed with the Florida Dept. of State) |
|--|--|
| P15000059194 | |
| (Docum | nent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | erporation: |
| | The new d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) D. If amending the registered agent and/or register | |
| new registered agent and/or the new registered | |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | istered Agent: I am familiar with and accept the obligations of the position. |
| Cian | ature 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 hecessary)

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) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | JAN KMEC | 46 PINE TREE DR |
| Add X Remove | | · | PALM COAST, FL 32164 |
| 2) Change | VP | AARON EMERSON | 58 RALEIGH DR |
| XAdd | | | PALM COAST, FL 32164 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | <u></u> |
| Remove | | | |

| * */ | (Be specific) |
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| If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, |
| The state of the s | idment if not contained in the amendment itself: |
| provisions for implementing the amer | amount it not contained in the uncertained asset. |
| provisions for implementing the amer (if not applicable, indicate N/A) | Adment is not consumed in the whending it asserts |
| provisions for implementing the amer (if not applicable, indicate N/A) | Adment is not contained in the unreligible to Agent |
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| provisions for implementing the amer (if not applicable, indicate N/A) | |
| provisions for implementing the amer (if not applicable, indicate N/A) | |

| The date of each amendment(s) ac | łoption: | , if other than th |
|---|---|---|
| late this document was signed. | | FILED |
| . 08/1 Effective date <u>if applicable</u> : | 8/2016 | SECRETARY OF STATE DIVISION OF CORPORATION |
| | (no more than 90 days after amendment file date) | 2016 AUG 22 PM 12: 51 |
| Note: If the date inserted in this be document's effective date on the De | clock does not meet the applicable statutory filing requirements, partment of State's records. | this date will not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amen fficient for approval. | dment(s) |
| | proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | ,, | |
| <u> </u> | (voting group) | |
| action was not required. | opted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder by the incorporators without shareholder action and shareholder action | |
| 08/18/2016 Dated Signature | Islanova | |
| (By a d selected | irector, president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or oth ted fiduciary by that fiduciary) | |
| | MARIA ISTONOVA | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |