P15 000064617

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: K & B ANCHOR	INC			
DOCUMENT NUM	BER: P15000064617				
	of Amendment and fee are sui	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Justus Koester				
	Name of Contact Person				
	K & B ANCHOR INC				
		Firm/ Company			
	404 Anchor Way				
		Address			
	North Fort Myers, FL 33903				
		City/ State and Zip Code	e		
	justus.koester@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Justus Koester		at (813	951-2392		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div	iling Address endment Section ision of Corporations b. Box 6327	Amend Division	Address Iment Section on of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation (Name of Corporation as curr with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Trustec; 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></u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Charlotte Bell	404 Anchor Way
X Add		-	North Fort Myers, FL 33903
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
N/A			
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	مر بسود و		
 If an amendment provides for an exch provisions for implementing the ame 	ange, reclassification, or canding and the contained in	the amendment itself:	
(if not applicable, indicate N/A)			
N/A			

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The date of each amendment(s) date this document was signed.	adoption:	, if oth	er than th
C			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		_
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ll not be li	isted as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action an	d sharehole	der
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	7	2027
by	"	<u>}_:</u>	2022 MAY
	(voting group)	3.±	
		m m .	9-
05/03/20 Dated)22	五 三	P :
			\ddot{c}
Signature		—\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	39
selec	director, president or other officer – if directors or officers have not been sed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)		
	Justus Koester		
	(Typed or printed name of person signing)		_
	Title Manager		
	(Title of person signing)		