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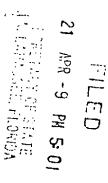
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Wood Business Systems, Inc. DOCUMENT NUMBER: P14000 0 15693
DOCUMENT NUMBER: <u>P14000 0 15693</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rebecca Guarez Name of Contact Person
Firm/ Company
Hollywood Florida 33020 City/ State and Zip Code
Address
Hollywood Monda 33020
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Peter King at (984) 802-5728 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 & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Wood business System	s. Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000015693	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: KING RP EN TENTISES IN name must be distinguishable and contain the word "corporation," "c. "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new ompany, "or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Hollywood, Florida 33020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1410 5 24 Avenue Hollywood, Florida 33020
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
(Florida stre	Florida (19

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.

(City)

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> <u>John</u>	Doe		
X Remove	<u>V</u> <u>Mike</u>	: Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	NA	NIA	NA	
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

A	d sheets, if necessary).	, , ,				
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ın amendme	nt provides for an excl	hange, reclassificat	tion, or cancellat	tion of issued sh	ares,	
ovisions for	implementing the amo	endment if not con-	tained in the am	endment itself:		
	icable, indicate N/A)					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendm by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voing group)	
Signature (By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	en court
appointed fiduciary by that fiduciary)	
Rebeich Surrez	
(Typed or printed name of person signing) President	

(Title of person signing)