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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

OF STATE CE. FLORIO.

C. CARRO LEGES



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A CONTROL OF
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 Firm/ Company Address Address City/ State and Zip Code
E-mail address: (to be used for future annual report notification) F14(305-225-1492
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) FAX (305-225-1492 FOR further information concerning this matter, please call: PASUA - TARI Blood MANNY - TARI BOST Area Code & Daytime Telephone Number (
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 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			
NiRION SOGO GRAP INC	•		
(Name of Corporation as currently filed with the Florida Dept. of State)			
$\leq 41600021198>$			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ng amend	ment(s)	to
A. If amending name, enter the new name of the corporation:			
KON COMPANY	The n	ew	
name must be distinguishable and contain the word "corporation, "company," or "incorporated" or the			
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must	contain		
word "chartered," "professional association," or the abbreviation "P.A."	22.20) (See	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	\$7.	- -23	7
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	SA	95	

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/	or registered office address in Florida, ente	er the name of the
new registered agent and/or the new	registered office address:	
Name of New Registered Agent	XI.A	
	X/A	
	(Florida street address)	
New Registered Office Address		Florida

(City)

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

(Zip Code)



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 Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	N/A-	
Add	1-5(1	
Remove		
2) Change	NA	
Add		
Remove	A / / A	
3) Change		
Add		
Remove	1/.	
4) Change	N/A	
Add		
Remove	/ /	
5) Change	N/A	
Add		
Remove		
_	N/A	
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
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42 dame (PA)	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 5/20/20/6, if other than to
date this document was signed.
Effective data if applicables 5/20/6
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 date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(1 yped or printed name or person signing)
(Title of person signing)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Profit Corporation

NIPPON SOGO GROUP INC

Filing Information

Document Number

P16000021198

FEI/EIN Number

NONE

Date Filed

03/04/2016

Effective Date

03/01/2016

State

FL

Status

ACTIVE

Principal Address

7525 SW 112 STREET MIAMI, FL 33156

Mailing Address

7525 SW 112 STREET MIAMI, FL 33156

Registered Agent Name & Address

KON, MASAYUKI 7525 SW 112 STREET MIAMI, FL 33156

Officer/Director Detail

Name & Address

Title P

KON, MASAYUKI 7525 SW 112 STREET MIAMI, FL 33156

Annual Reports

No Annual Reports Filed

Document Images

03/04/2016 -- Domestic Profit

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