P16000024076





500290591725

09/28/16--01010--018 **35.00

OCT 0 4 2015

C. CARROTHERS

MISSEP 28 AHII: 09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: KRUMOS CORP.					
DOCUMENT NUMBER: P16000024076						
The enclosed Articles of Ame		omitted for filing.				
Please return all corresponder	nce concerning this mat	ter to the following:				
EVGUENIA I ILIEVA						
	Name of Contact Person					
		Firm/ Company				
3219 0	3219 GRANADA PL. UNIT# 232					
Address						
SARA	SOTA, FL 34231					
- 		City/ State and Zip Code	2			
EVGUENIA	ILIEVA@GMAIL.CO	DM .				
E	-mail address: (to be us	ed for future annual report	notification)			
		W.,				
For further information conce	rning this matter, pleas	e call:				
EVGUENIA I ILIEVA		941 at (de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the fo	llowing amount made p	payable to the Florida Depa	artment of State:			
■ \$35 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)			
Mailing Adamendment Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

KRUMOS CORP.

(Name of Corporation as curren		t. of State)
P1600002		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation ac	dopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	N/A	
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or		
Corp., Inc., or Co., or the designation Corp, Inc., or word "chartered," "professional association," or the abbreviation		ution name must contain the
,		A STATE OF THE STA
B. Enter new principal office address, if applicable:	N/A	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		F 7
		· · · · · · · · · · · · · · · · · · ·
		Ale.
C. Enter new mailing address, if applicable:	NIA	유물 -
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10 / 1+	120111
		'Are
D. 16	dense in Electric and an also man	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.		ne of the
new registered agent and/or the new registered office addre	ss: N/A	
Name of New Registered Agent		
(PL.) I.	treet address)	
(rioriaa :	areet adaress)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:	
l hereby accept the appointment as registered agent. I am familia		s of the position.
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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Р	KOLYO H. HRISTOV	3219 GRANADA PL. UNIT #232
Add			SARASOTA, FL 34231
Remove			
2) Change	CFO	EVGUENIA I ILIEVA	3219 GRANADA PL. UNIT #232
X Add			SARASOTA, FL 34231
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
/ A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<i>,</i> •	
/A	
/A	
'A	
/A	
/A	
/A	

	09/26/2016	
The date of each amendment(s) add date this document was signed.	option:	, if other than the
	5/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s ficient for approval.)
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
09/26/2016		
DatedSignature	E. Unuela	
(By a disselected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	t
	EVGUENIA I ILIEVA	
-	(Typed or printed name of person signing)	
	CHIEF FINANCIAL OFFICER	
-	(Title of person signing)	