P16000032484

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Finite Alima)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



100362888341

03.30/21--01008--095 **43.75



MARIE

COVER LETTER

TO: Amendment Section Division of Corporations K-Fit Studios, Inc (to be changed) NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kerrie Sheldon Name of Contact Person Kley Co Jac. SW covered Bridge Kerrie Lynn Sheldon @ amail.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **№**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy is

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment

to

Articles of Incorporation

Г	6	

16-Fit Studios Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P16,0000 32484	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s Articles of Incorporation:	i) to
. If amending name, enter the new name of the corporation:	
KLEYCO Inc., The new	
ame 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."	
Enter new principal office address, if applicable: - Same as before	
Principal office address MUST BE A STREET ADDRESS) JA 1299 SW Covered Bridge Palm City FL 34990	Ro D
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (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:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: Florida (City)	
. See the control of the control o	
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.— Lam 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 = 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 Do	<u>oe</u>	. 1 -	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones	NIA	
X Add	<u>sv</u>	Sally \$r	mith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_		 	
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_	•		
Add					
Remove					
5) Change		_			
Remove					
6) Change					<u> </u>
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NIA
NIA
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)
NIA

.

. . . .

date this docume	nt was signed.	option: <u>MARC</u>	H 26,	2021	, if other than the
Effective date <u>if</u>	-	March	210 2 than 90 days after	0 Z amendment file date)	
			applicable statuto	•	this date will not be listed as
Adoption of Am	endment(s)	(CHECK ONE	Ð		
The amendme action was no		oted by the incorporate	ors, or board of dire	ectors without sharehold	er action and shareholder
	ent(s) was/were adop olders was/were suf		rs. The number of	votes east for the amend	dment(s)
				groups. The following sely on the amendment(s	
"The nu		or the amendment(s) v		for approval	
by		(voting group)			
		(
	Dated Mo	rch 26	2021		
	ĵ	100			
	Signature Signature	Ma 2	or officer if direc	tors or officers have no	t hoan
				receiver, trustee, or oth	
		d fiduciary by that fid		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••
	,,	Ко-	Sh	مداماء	