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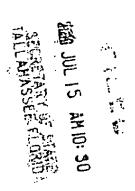
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COVER LETTER

TO: Amendment Section Division of Corpore				
NAME OF CODDOD	ATION: K & S AMUSEME	NT CORP		W 5 HO.
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Please return all corresp	ondence concerning this mat	ter to the following:		36
٦	RACEY C HIGGINBOTH	ΑM		
-		Name of Contact Person	l	
<u> </u>	HIGGINBOTHAM COMPA			
_		Firm/ Company		
3	3790 N US 1			
	2000 - 51 22226	Address		
_	COCOA, FL 32926	C': (C:		
		City/ State and Zip Code		
TCHIC	GINBOTHAM@HIGCOIN			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
TRACEY C HIGGINE	BOTHAM	at (632-5726	
Name of Contact Person		Area Co) de & Daytime Telephone Number	r
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

v	9	C	ARAI	ICER	ALK	T	CORP
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	_			
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P16000071945				
	(Document Number	of Corporation (if known)		
tursuant to the provisions of section 607 as Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amending		
a. If amending name, enter the new n	ame of the corporation:			
		The ne		
	nation "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviatio "Co". A professional corporation name must contain th "P.A."		
Enter new principal office address,		412 WEST CALL STREET		
Principal office address <u>MUST BE A S</u>		STARKE, FL 32091		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		412 WEST CALL STREET		
		STARKE, FL 32091		
•		dress in Florida, enter the name of the		
new registered agent and/or the ne	w registered office addres	<u>\$8:</u>		
Name of New Registered Agent	TIMOTHY COLE			
	412 WEST CALL STR	EET		
	(Florida s	treet address)		
New Registered Office Address:	STARKE	. Florida 32091		
		(City) (Zip Code)		
ew Registered Agent's Signature, if c				
hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position.		
		_		
	The state of the s			
	Signature of New	Registered Agent, if changing		
	Dignamic of Hen	regardered regern, g 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.

Example: X Change	PT	John Doe				
X Remove	\underline{V}	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) Change	PTD	COLE, TIMOTHY	412 WEST CALL STREET			
X Add			STARKE, FL 32091			
Remove						
2) Change	D	HELTON, COLE	100 REA LANE			
Add			FLORAHOME, FL 32140			
X Remove	D	BROWN, CHRISTOPHER R	6179 FURMAN AVE			
Add			KEYSTONE HEIGHTS, FL			
X Remove			32656			
4) Change	D	FULLER, DEAN C., JR	100 REA LANE			
Add			FLORAHOME, FL 32140			
X Remove						
5) Change						
Add						
Remove			-			
6) Change						
Add						
Pamora						

	(Be specific)				
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an amendment provides for an exch	ange, reclassific	ation, or cancel	ation of issued	l shares. If:	
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The date of each amendment(s) ac	doption:, if oth	ner than th
date this document was signed.	HAIC 00, 0040	
Effective date if applicable:	JUNE 28, 2019	
Effective date in applicance.	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be lepartment of State's records.	isted as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	7/11/19	
6:		
selecte	tirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	TIMOTHY COLE	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_