## P16000071946

(Re	questor's Name)	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Krishna Financial, Inc.				
DOCUMENT NUMBER: P16000071946				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this matter to the following:				
Guy N Williams				
	Name of Contact Person			
Guy N Williams, P.A.				
	Firm/ Company			
397 South Marion Avenue				
112	Address			
Lake City, FL 32025				
	City/ State and Zip Code			
guynwilliams@yahoo.com				
E-mail address: (to be u	sed for future annual report	notification)		
For further information concerning this matter, please call:				
Guy Williams	at ( <u>386</u>	752-0004		
Name of Contact Person	Area Coo	de & 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	□\$43.75 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	Amend Divisio Clifton	Address ment Section n of Corporations Building yeartive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation P16000071946	
P16000071946	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
N/A	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	. 605 SW Main Boulevard
(Principal office address MUST BE A STREET ADD	
	m m
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	
(mulling underess MAT BE AT OST OTTICE BOX	N/A SE C
	211
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	
Guy N Willi	
Name of New Registered Agent	
	Marion Avenue
397 South M	
	(Florida street address)
New Registered Office Address:	(Florida street address)  , Florida  (City)  (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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Gita Soni	115 Sw Enchanted Ct.
Add			Lake City, FL 32024
X Remove			
2) Change	P	Gita Jayswal	605 SW Main Boulevard
X Add			Lake City, FL 32025
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			**************************************
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

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

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	5/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
, ————————————————————————————————————	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder	
12/5/2016		
DatedSignature	Itte lasuel.	
(By a select	director, 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 nted fiduciary by that fiduciary)	
	Gita Jayswal	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	