P16000015362

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TO: Amendment Section

Division of Corporations

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NAME OF CORPORATION: Kington Kare, Inc DOCUMENT NUMBER: P16000075362 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jennifer Pleasant Name of Contact Person Ortega & Figueroa Tax Service, Inc Firm/ Company 101 N State Road 7, Ste 111 Address Margate, FL 33063 City/ State and Zip Code OFTaxService@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 609-3119

Area Code & Daytime Telephone Number Marva Kington Name of Contact Person 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 Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kington Kare, Inc.		
(<u>Name</u>	of Corporation as cur	rently filed with the Florida Dept. of State)
P16000075362		
	(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes	, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporatio	<u>n:</u>
		The new
	nation "Corp," "Inc,"	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)	
		53.
D. If amending the registered agent ar	nd/or registered office	e address in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	Marva Kington	
	13225 NW 7th Dr	
	(Flori	ida street address)
New Registered Office Address:	Plantation	. Florida 33325
new negistered Office ridaress.		(City) (Zip Code)
		,, -, -, -, -, -, -, -, -, -, -, -, -
New Registered Agent's Signature, if c I hereby accept the appointment as regist		Agent: iliar with and accept the obligations of the position.
- 22	1/	
YVIO	wa Ki	nton
	Signature of l	New Registered Agent, if changing
		V

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	<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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Marra Kington	13225 NW 7th Dr
Add			Sunrise, FL 33325
X Remove			
2) Change	P	Marva Kington	13225 NW 7th Dr
X Add			Sunrise, FL 33325
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(у погарунсаоте, такие кля)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, II omer man me
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 wil document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
9/23/2016 Dated	
Signature Mana King for	
(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)	
Marva Kington	
(Typed or printed name of person signing)	
President	
(Title of person signing)	