

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)	·	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
= 	•		

Office Use Only



400302710314

98/24/17--01004--016 \*\*35.00

And

SEP 01 2017

R. WHITE



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: KW ALSTCO Inc				
DOCUMENT NUMBER: P16000 84062				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Karen Whiston Name of Contact Person				
Firm/Company				
2391 S Mc Call Road				
Englewood FL 34224 City/State and Zip Code				
E-mail address: (to be used for future angual report notification)				
For further information concerning this matter, please call:				
PeggyThoras at (717) 329-9704  Name of Contact Person Area Code & 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 Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Clark Clifton Building Clifton Buil				

## Articles of Amendment

FILED

to Articles of Incorporation of

17-AUG 24 AH 10: 39

K W HI	STCO Inc.	CARLE LANGUERA
(Name of Corporation	on as currently filed with the Florida D	ept. of State)
P160000 8	1062	, , , , , , , , , , , , , , , , , , ,
(Docum	ent Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Corporation	n adopts the following amendment
If amending name, enter the new name of the co	rporation:	
		The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp. ord "chartered," "professional association," or the	" "Inc," or "Co". A professional corp	
Enter new principal office address, if applicable		
rincipal office address <u>MUST BE A STREET ADL</u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	K)	
(Mailing address MAT BE A POST OF FICE BU	<u> </u>	
. If amending the registered agent and/or register	ad affice address in Florida, enter the i	name of the
new registered agent and/or the new registered		name of the
Name of New Registered Agent		
Hame of New Registered Agent		
	(Florida street address)	·
	(	· · ·
New Registered Office Address:	(City)	, Florida(Zip Code)
	•	
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		tions of the position.
Sign	iture of New Registered Agent, if changir	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title	e, 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	Title	•	Name	Address
1) Change		_	Robert Di Pietro	15393 Visaliall.
X Add				Port Charlotte, FL 33981
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		····		
Add				**************************************
Remove				
4) Change		_		
Add				·
Remove				1100-1100 to 1 0 to
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
*	
*****	
<del></del> .	
*	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, under the not contained in the amendment itself;
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
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 will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	
Dated7   17 Signature Kaun Hukuston	
(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)	
(Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
President	
(Title of person signing)	