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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: KJRK INCORPOR	ATED		
DOCUMENT NUM	BER: P17000009895		-	
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Sandro J. Fouquet			
		Name of Contact Person	1	
		Firm/ Company		
	1140 Bluegrass Drive			
		Address		
	Gorveland, FL 34636			
		City/ State and Zip Code	ę	
fouq	uet.jim@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Jim Fouquet		at (de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or 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)	☐S52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17.10 10 70 71 71 15

KJRK INCORPORATED		•	
(<u>Name o</u>	f Corporation as currently	filed with the Florida Dep	t, of State)
P1000009895			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	dopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "C	'o". A professional corpora	orated" or the abbreviation attion name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S.)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new	office BOX) Id/or registered office addr	ess in Florida, enter the na	me of the
Name of New Registered Agent	Sandro J. Fouquet		
	1140 Bluegrass Drive		
	(Florida stre	et address)	
No. 2 miles and Office Addresses	Groveland		34636 . Florida
New Registered Office Address:	-	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am jamiliar w	egistered Agent, if 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	<u>PT</u>	John Doe		
$\underline{\mathrm{X}}$ Remove	\underline{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	Sandro J. Fouquet	1140 Bluegrass Drive	
x Add			Groveland, FL 34636	
Remove				
2) Change	V	Reese Evans Marshall	502 S Hart Blvd	
X Add			Orlando, FL 32835	
Remove				
3) Change	T	Kieran C. Hill	12976 Strode Lane	
x Add			Windermere, FL 34786	
Remove				
4) Change	С	Kevin Pierre	1617 Mount Vernon St	
X Add	••		Orando, FL 32803	
Remove				
5) Change	N/A	N/A	N/A	
Add				
Remove				
6) Change	N/A	N/A	N/A	
Add				
Remove				

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter chang (Be specific)	e(s) here:			
N/A	(,) ,				
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F. If an amendment provides for an exc provisions for implementing the am	hange, reclassifica	ation, or cancella	tion of issued sha endment itself:	res,	
(if not applicable, indicate N/A)	endinent ii not co	nearited in the ani	CHAIRCE PLACE		
N/A					
	<u></u>				
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		<u> </u>	<u>.</u>		 .
				<u>. </u>	

The date of each amendment(s) adoption:	, if other than the
late 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 document's effective date on the Department of State's records.	will 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.	
Dated 7/12/17	
Signature (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)	
Sandro T. Foughet (Typed or printed name of person signing)	
President (Title of person signing)	