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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: K	ingz	of	The	south	Con-	tra 1	Florida	inc.
DOCUMENT NUMBER: P1700012424									
The enclosed Articles of Amendment and fee are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
Dadwyne Leonard Name of Contact Person Kingz of The South Central Florida Firm/ Company									
	Kingz of	f The	S	outh	Centra	1 F4	orida		
Firm/ Company									
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	Lots.cf E-mail add	dress: (to	be use	d for fut	ure annual r	eport no	otificatio	n)	
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For further information co	oncerning th	is matter,	please	call:					
Doelwyne U Name of C	conord			- · · · · · · · · · · · · · · · · · · ·	_at (_387	,	846	- ১৫৯৫ -	
Name of C	Contact Person	on			Ar	ea Code	& Dayti	ime Telephone	Number
Enclosed is a check for the following amount made payable to the Florida Department of State:									
\$35 Filing Fee	□\$43.75 Certifica	Filing Fee ate of Stat	& us	Certi (Addi	75 Filing Fe fied Copy tional copy osed)		Certifi Certifi (Addit	0 Filing Fee icate of Status ied Copy tional Copy closed)	
Mailing Address Street Address									
Amendment Section			Amendment Section						
Division of Corporations			Division of Corporations						
P.O. Box 6327 Tallahassee, FL 32314				Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment tn

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Articles of Incorporation P17000012424 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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.

X Change	<u>PT</u> Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	7	Dudwyne beonard	6537 ABBEVOALE
Add			Oplanda Fl.
Remove			32818
2) Change	P	Samuel Denmark	6537 ABBEYDALE
X Add			orlando, F1.
Remove			32018
3) Change			
Add			
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
/ Add			
Remove			· · · · · · · · · · · · · · · · · · ·

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
	NIA
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f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
	(1)
	NA

The date of each amendment(s) adopti	ion:	NA	, if other than the
date this document was signed.			
Effective date if applicables		NA	
Effective date if applicable:	(no more	than 90 days after amendment	file date)
Note: If the date inserted in this block document's effective date on the Department.			uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE))	
The amendment(s) was/were adopted by the shareholders was/were sufficient		s. The number of votes cast fo	r the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes cast for the	he amendment(s) wa	as/were sufficient for approval	
by			**
	(voting group)		
☐ The amendment(s) was/were adopted action was not required.	by the board of dire	ectors without shareholder act	ion and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporator	rs without shareholder action a	nd shareholder
Dated FEB 9	2017		
a:	3 ×		
Signature	or president or othe	er officer – if directors or offic	ers have not been
` •		f in the hands of a receiver, tru	
	duciary by that fidu		
ā	Doelware L	conard	
	(Typed or pr	rinted name of person signing)	
	Vice Presi	•	
	((Title of person signing)	