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J. M. C. nd

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COVER LETTER

TO: Amendment Section Division of Corporate Co		^	
	RATION: KOBERT	St. Pierre In	
NAME OF CORPOR	RATION: / JUERA	SITIAIC AN	10
DOCUMENT NUME	BER: <u>P1+OC</u>	200/3063_	
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Kobert ST. H	Pure.	
	710 0111	Name of Contact Perso	n
		runte of contact (6130)	11
	1-00 1101	Firm/ Company	
	1026 Chill	ou Ct.	
	Soloty Hor	Address 34	G(
•	2 1-0111111	City/ State and Zip Cod	
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	F+StDIEME	e gnail co	\mathcal{M}
	E-mail/address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
/ open of	reme	at (7) 7	642.617
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number
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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of	Incorp	oration
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Articles of Incor	rporation
of of	
Kobert St. Merre, PNC	
(Name of Corporation as currently)	filed with the Florida Dept. of State)
<u> P1700013063</u>	
(Document Number of C	Corporation (if known)
D	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation.	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	·
1/2	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<i>NIT</i>
D. If amending the registered agent and/or registered office address	s 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: 1028 Chilly C	It Salp thous 31/198
New Registered Office Address: 70,00 million Ci	1 Safety Harbor, Florida 34695 (Zip Code)
(6.	··· (Zip Code)
New Pagistarad Agent's Signature if sharping During at A	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	a and accept the obligations of the position
	. with accept the congunities 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.

Example: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l)Change			
Add			/
Remove			
2)Change			
Add			
Remove		DA	
3) Change		- /	
Add			
Remove			
4)Change			
		/	
Remove			
5) Change /	/		
Add			
Remove			
6)Change			
Add			
Remove			

	ing additional Articles, ent eets, if necessary). (Be sp	ecific)	•		
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	- NIV				-
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7					
				 	
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	ovides for an exchange, re ementing the amendment i e, indicate N/A)	classification, or c if not contained in	ancellation of issue the amendment it	ed shares, self:	
provisions for imple (if not applicable					
<u>provisions for imple</u>				· · · · · · · · · · · · · · · · · · ·	
<u>provisions for imple</u>					<u>-</u> .
<u>provisions for imple</u>	- AA				
<u>provisions for imple</u>	NA PAR				-
<u>provisions for imple</u>	NA				
<u>provisions for imple</u>	NA				

The date of each amendment(s) adoption: 1024.17 , 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 not be listed as the document's effective date on the Department of State's records.
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 east 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 10-24-17
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
Koboli Stiene
(Typed or printed name of person signing)
Mesident
(Title of person signing)