## P17000018611

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T. LEMIEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KLANK EQUIPM	ENT SALES & RENTALS	S, INC.
DOCUMENT NUMB			
	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
F	REBECCA HORN		
_		Name of Contact Person	n
-		Firm/ Company	
g	44 REGATTA BAY DR #1	05	
~	· · · · · · · · · · · · · · · · · · ·	Address	
(	DRANGE CITY, FL 32763		
_		City/ State and Zip Cod	e
	E-mail address: (to be us	_	notification)
		at (	)de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis: P.O. 1	ng Address Idment Section Idment Sec	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

KLANK EQUIPMENT SALES & RENTALS, INC.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P17000018611			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
KLANK EQUIPMENT, INC.	The new		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	944 REGETTA BAY DR #105		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ORANGE CITY, FL 32763		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	944 REGETTA BAY DR #105		
	ORANGE CITY, FL 32763		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent	<del></del>		
(Florida s	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian			
	<u> </u>		
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: 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 Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
, Add		_		
Remove				
4) Change		<del></del>		
Add				
Remove			•	
5) Change		_		
Add				
Remove				
6) Change		_	- Adam Adding - Makey - Makey	
Add				
Remove				

Attach addit	or adding additional ional sheets, if necessa	ry). (Be speci	fic)			
			<b></b>			
		<u> </u>				
				<del></del>		
<del>-</del>						
	-	•	•			
•						
f an amend	ment provides for an	exchange, recl:	assification, or	cancellation of	issued shares.	
provisions 1	<u>for implementing the</u>	<u>amendment if i</u>	iot contained i	n the amendmer	nt itself:	
(if not a	pplicable, indicate N/2	4)				
· · · · · · · · · · · · · · · · · · ·					_	
·			•			
	<del></del>					

The date of each amendment(s) a date this document was signed.	ioption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	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 adaction was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	pted by the incorporators without shareholder action and shareholder
	ch 7, 2017
Signature <u>Re</u>	becca A. Hon
(By a c	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	REBECCA A HORN
	(Typed or printed name of person signing)
	PRESIDENT .
	(Title of person signing)