71700030147

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COVER LETTER

TO: Amendment Section
Division of Corporations

۲,

NAME OF CORPORATION: OONZAH, INC.					
DOCUMENT NUMBER: P1700030147					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:	1		
-	CECILIA	B. FARELL Name of Contact Person	<u> </u>		
KITCAT INC Firm/ Company					
2972 ZAHARIAS DRIVE					
CRLANDO FL 32837 City/ State and Zip Code					
	TRESURCH E-mail address: (to be us	EST AOL. C	notification)		
For further information concerning this matter, please call:					
CECILIA	FARELL	at (407			
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Status Certificate of Status Certified Copy (Additional Copy is enclosed)		
✓ <u>Mailing Address</u> Amendment Section			Address ment Section		

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 to Articles of Incorporation of

to

OONZAH INC. (Name of Corporation as currently)	filed with the Florida Dept.	of State)
P17000030147 (Document Number of C	Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
KITCAT INC.		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.	o". A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name	of the
Name of New Registered Agent	ALN	
(Florida street	1	1
New Registered Office Address: (C	NA	lorida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations o	of the position.
Signature of New Reg	istered Agent, if changing	1

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.

Mike Jones, V as Remov Example:	e, and Sa.	lly Smith, SV as an Add.	'
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		N A	
Add			
Remove		NA	
2) Change			
Add			
Remove		2.1.0	
3) Change		N/A	
Add			
Remove		NIA	
4) Change			
Add			
Remove			
5) Change		NIA	1
Add			
Remove			
5) Change		NA	
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of in provisions for implementing the amendment if not contained in the amendmen	ssued shares, at itself:
(if not applicable, indicate N/A)	
	<u> </u>
N/A	

The date of each amendment(s) adoption:date this document was signed.	N/A	, if other than the
Effective date <u>if applicable</u> :		
(no n	nore than 90 days after amendmen	at file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's		quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK (ONE)	
C in amendment(s) was/were adopted by the shareholders was/were sufficient for approva		or the amendment(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group		
"The number of votes cast for the amendment	(s) was/were sufficient for approva	ıl
by		"
(voting gro	эир)	
The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action	and shareholder
Dated JANUARY 3	3,2018	
Signature		I
	r other officer - if directors or offi-	
	or - if in the hands of a receiver, tr	ustee, or other court
appointed fiduciary by tha	it fiduciary)	
CFCI	ILIA FARELL	1
(Typed	or printed name of person signing)
PR:	ESIDENT	
	(Title of person signing)	