P17000033260

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KSP Hobbs Ente	erprises, Inc	
DOCUMENT NUM	BER: 17000033260		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Charles Isler		
		Name of Contact Perso	n
	Isler & Sombathy, PA		
		Firm/ Company	
	P.O. Box 430		
		Address	
	Panama City, FI 32402		
		City/ State and Zip Cod	e
Chuc	k.isler434@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Kenneth S. Hobbs		at (<u>850</u>	763 2001
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:
□ \$35 Filing Fee	☐S43.75 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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KSP Hobbs Enterprises, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000033260 (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: 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 MAY BE A POST OFFICE BOX) 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: 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.

Example: <u>X</u> 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)	<u>Title</u>	<u>N:</u>	<u>ımc</u>		<u>Addres</u> s	
1) Change	V	M	ichael Crosby		920 N East Avenue	
X Add					Panam City, FI 32412	
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						_
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change			, , , , , , , , , , , , , , , , , , ,			
Add						_
Remove						

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
 	
-	
an amendment provides for an exchorovisions for implementing the ame	nauge, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	August 30, 2018	
The date of each amendment(s) addate this document was signed.		if other than the
	ist 30, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of votes east for the amend ficient for approval.	lment(s)
	oved by the shareholders through voting groups. The following sach voting group entitled to vote separately on the amendment(s	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shar	eholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and sharehold	der
August 30, 2	2018	
Signature		
	ector, president or other officer - if directors or officers have not	
	by an incorporator – if in the hands of a receiver, trustee, or other	er court
аррошес	d fiduciary by that fiduciary)	
К	enneth S. Hobbs	
	(Typed or printed name of person signing)	
Р	resident	
_	(Title of person signing)	