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R. WHITE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:RATION:	P, INC	
DOCUMENT NUMI	P17000040807		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	HELEN A. JONES		
		Name of Contact Person	I
		Firm/ Company	
	13 E. TANGLEWOOD DRIV	VE	
		Address	
	APOPKA, FL. 32712		
		City/ State and Zip Code	2
ROC	KSPRINGSTAX@AOL.COM	ſ	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
HELEN A. JONES		at (	880-4200
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

17 HAY 24 PH 3: 43

(Name of Corporation as currently filed with the Florida Dept. of State) KATS VINE & TAP, INC. (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: NA 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." 1061 W. ORANGE BLOSSON TRAIL B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) **SUITE 1061** APOPKA, FL. 32712 C. Enter new mailing address, if applicable: 1061 W. ORANGE BLOSSOM TRAIL (Mailing address MAY BE A POST OFFICE BOX) **SUITE 1061** APOPKA, FL. 32712 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: Florida (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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	NA	
Add				
Remove				
2) Change				
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Remove				
3) Change	<del> </del>	_		
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4) Change		_		
Add				
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5) Change				
Add		_		
Remove				
Kemove				
6) Change		_		
Add				
Remove				

	(Attach	nding or adding additional A additional sheets, if necessary	(Be specific)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate $N/A$ )	NA			
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	<u>provi</u> s	sions for implementing the ar	gendment if not contained in the a	nmendment itself:
NA		f not applicable, indicate N/A)		
	NA ————			
				<del></del>

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> :  (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 document's effective date on the Department of State's records.	ate will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	<u>s</u> )
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
0 <sup>5</sup> /18/2017 Dated	
Signature	
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 cou appointed fiduciary by that fiduciary)	
KATHY THOMPSON	
(Typed or printed name of person signing)	
Kola House	
(Title of person signing)	