P17000053286

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William Hills and Carry

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COVERALETTER *

TO! Amendment Section Division of Corporations

NAME OF CORPOR	ATION: K.O. DONUTS, IN	IC.	
DOCUMENT NUMB	ER: P17000053286		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this man	tter to the following:	
	MONICA R. NAM		
-		Name of Contact Person	
		Firm/ Company	
	718 TUSCANNY STREET		
-		Address	
	BRANDON, FL 33511		
	-	City/ State and Zip Code	
MON	9661@AOL.COM		
	E-mail address: (to be us	sed for future annual report t	notification)
For further information	concerning this matter, pleas	se call:	
MONICA R. NAM		at (813	470-0195) le & Daytime Telephone Number
Name c	f Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amendi Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

K.O. DONUTS, INC.					
(Name	of Corporation as current	ly filed with the Florida Dep	t. of State)		
P17000053286					
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following	g amendr	nent(s) to
A. If amending name, enter the new na	ame of the corporation:				
N/A				The ne	?W'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the ab cation name must c	bbreviatie contain t	on he
B. Enter new principal office address,	if annlicable:	N/A			
(Principal office address MUST BE A S			-		-
					-, ŋ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		1 -4	
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				.	-17 공간
				· · ·	- :
D. If amending the registered agent ar			me of the	;	
new registered agent and/or the ne		<u>'S:</u>			
Name of New Registered Agent	N/A			-	
				_	
	(Florida si	treet address)			
New Registered Office Address:	N/A		_, Florida		_
		(City)	(Zip C	Code)	
New Registered Agent's Signature, if o	hanging Registered Agen	t:			
I hereby accept the appointment as regis			ns of the position.		
	Sionature of New	Registered Avent 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 = Trustec; 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	CEO	SOKCHEA NAM	718 TUSCANNY STREET
Add			BRANDON, FL 33511 US
Remove			
2) X Change	P	MONICA R. NAM	718 TUSCANNY STREET
Add			BRANDON, FL 33511 US
Remove			
3) Change	<u>V</u>	DEREK N. NAM	718 TUSCANNY STREET
X Add			BRANDON, FL 33511 US
Remove			
4) Change	CFO	KYLE N. NAM	718 TUSCANNY STREET
X Add			BRANDON, FL 33511 US
Remove			
5) Change	V	SAVUTHEA S CHAUNVANN	3300 ENCLAVE BLVD
Add			MULBERRY, FL 33860 US
X Remove			
6) Change	V	HALINA H PHAN	3300 ENCLAVE BLVD
Add	-		MULBERRY, FL 33860 US
X Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) he (Be specific)		
I/A			
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. If an amendment provides for an exc	hange, reclassification,	or cancellation of issu	ed shares,
provisions for implementing the am	endment if not containe	d in the amendment it	self:
(if not applicable, indicate N/A)			
HANGE THE NUMBER OF SHARES	THE CORPORATION IS	S AUHORIZED TO IS	SUE IS: 900
			
		···	
		-	

07/04/2017	
The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
07/04/2017 Effective date if applicable:	
(no more than 90 days after an	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	tes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	··
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	nolder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	er action and shareholder
07/04/2017 Dated	
Signature Moule Queh)	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
MONICA R NAM	
(Typed or printed name of person	n signing)
PRESIDENT	
(Title of person signi	ng)