P170005113

(Requestor's Name)					
- SINGLETON INC. 10641 FIREBRICK CT. - TRINITY, FL 34655					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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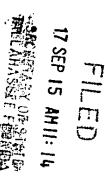
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SEP 15 2017

R. WHOLE





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 25, 2017

SINGLETON INC 10641 FIREBRICK CT TRINITY, FL 34655

SUBJECT: KASIA SINGLETON INC.

Ref. Number: P17000055102

We have received your document for KASIA SINGLETON INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please only check one box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

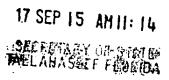
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Repelen Whate Regulatory specialist II

Letter Number: 817A00017610

FILED

Articles of Amendment to Articles of Incorporation of



KASIA SINGLETON INC

ASIA SINGLETON INC		•
(Name o	of Corporation as currently file	i with the Florida Dept. of State)
KASIA SINGLETON INC		
	(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Florida	da Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		
D. If amending the registered agent an	d/or registered office address in	Florida, enter the name of the
new registered agent and/or the nev		
Name of New Registered Agent	KATARZYNA SINGLETON	
	10641 FIREBRICK CT	
	(Florida street add	tress)
New Registered Office Address:	TRINITY	, Florida 34655
new hegistered Office radices.	(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Registered Agent:	ad account a abbout on the
r nereby accept the appointment as regist	erea ageni. Tam jamiliar wiin al	na accept the obligations of the position.
	11////	
· C	D. An	
	Signature of New Registe	red 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 <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DP	SINGLETON, KASIA	10641 FIREBRICK CT
Add			TRINITY FL 34655
X Remove			
2) Change	DP	SINGLETON, KATARZYNA	10641 FIREBRICK CT
X_ Add			TRINITY, FL 34655
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
TICLE 10 INCORPORATOR: CHANG	GE FROM KASIA SINGLETON TO KATARZYNA SINGLETON
,	
, 	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and and an angel in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	22/2017	
Effective date if applicable:	22/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,	
-,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
8/2/2017 Dated		
Dated		
Signature X	CD. A	
(By a	director, president or other officer - if directors or officers have not been	
	eted, by an incorporator - if in the hands of a receiver, trustee, or other court	
appo	inted fiduciary by that fiduciary)	
	KATARZYNA SINGLETON	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person cirning)	