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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	TION: KMC Travel Grou	p Inc.	
DOCUMENT NUMBER			
	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
Jol	nn Kirk		
		Name of Contact Perso	on
KN	AC Travel Group Inc.		
	<del>"</del>	Firm/ Company	
23:	29 S Ridgewood Ave.		
		Address	
Ed	gewater, FL 32141		
		City/ State and Zip Coo	de
johnk@k	irkmc.net		
-	E-mail address: (to be us	sed for future annual repor	t notification)
Can Carle and a Commercian and		U.	
ror lutther information co	oncerning this matter, pleas	se can:	
John Kirk		865 at (	343-1155
Name of C	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Dep	partment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi Clifto	t Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida P17000057958  (Document Number of Corporation (if known)	Dept. of State) 2849 JUN 20 A It:
(Document Number of Corporation (if known)	DRIG BIN On A 16.
	ENSON CONTROL AND ITE
	:
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporati</i> its Articles of Incorporation:	ion adopts the following amendme
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "in- "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional co- word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	corporated" or the abbreviation or the superation name must contain the
(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 new registered agent and/or the new registered office address:	e name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	

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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. The 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, V as Remove, and Sally Smith, SV as an Add.

Example:	e, ana Sai	ly Smith, SV as an Ada.	
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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Marion Daily	706 LAKESHORE DRIVE
Add			PIERSON, FL 32180
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional	dding additional Arti I sheets, if necessary).	(Be specific)	_		
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<u>f an amendmen</u>	t provides for an exch	ange, reclassifica	tion, or cancellation	on of issued shares	1
if not appli	mplementing the amer cable, indicate N/A)	nument ii not con	tained in the ame	nament usen.	
		<del></del>		·	<del></del>
				-	
				95-	

The date of each amendment(s) ado	ption: 6/18/19	, if other the
date this document was signed.		
Effective data if applicables	6/18/19	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,	,
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed a
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes east for the americant for approval.	endment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	ed by the board of directors without shareholder action and s	
action was not required.	ed by the incorporators without shareholder action and sharel	noider
6/18/19		
DatedSignature	20-15-	
selected	wor, president or other officer—if directors or officers have by an incorporator—if in the hands of a receiver, trustee, or of it fiduciary by that fiduciary)	
J	ohn A Kirk	
_	(Typed or printed name of person signing)	
P	resident	
	(Title of person signing)	