PINOCOCOTRO

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Basilies Eliki, Nalle)	
(Document Number)	j
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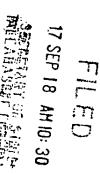
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COVER LETTER

TO: Amendment Section Division of Corporations

á,

NAME OF CORPORATION: 5 KUAG	'n Lite Corp
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
	strica fika Namekara
	Name of Contact Person Salucia 'n Pile Corp. Firm/ Corpany
	• •
<u> </u>	721601 Address
	Inlando, Funida - 32872 City/State and Zip Code
	Jaturane Kata Chitmail com
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
Autricia Aiko Marmikata	at (<u>407</u>) <u>437 - 9143</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
S35 Filing Fee Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

FILED

17 SEP 18 AH 10: 30

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\(\mathcal{D} \) \(\mathcal{S} \) \(Kur\alpha' \nu\)	KILL CULD MILAHASSHE PERENTA
(Name of Corporation as currently	y filed with the Florida Dept. of State)
	26
	f Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	<i>Tl.</i>
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "word "chartered," "professional association." or the abbreviation	Co" A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	PD Box 721601
	Orlando Florida
	32872
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new regisfered office address	
Name of New Registered Agent Potricia Aike	y Nomekala
4848 Caprino	Wood's Divid opt. 343
Aston W	10 m : 20720
New Registered Office Address: UDUG nO	(Civ) , Florida 32 182, (Civ)
ļl	•
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agant.—I am familiar v	with and accept the obligations of the position
	777 - 11 713 - 3
Tappinga	Wernetola)
Signature of New R	logistered Agent, if changing

	Presideni	i; T= Treasur	er: S= Secretary: D= Director: TR= T	rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
held. President, Treasure	r, Directe	or would be P	TD.	,
				PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove				snouta de notea as John 190e, FT as a Change,
Example:	•	,,		
X Change	PT	<u>John Doe</u>	! !	
X Remove	V	Mike Jones	1	
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	mc 	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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)

se specific)
1
11
<u> </u>
1

e, reclassification, or cancellation of issued shares,
nent if not contained in the amendment itself:
1
-
11
TI CONTRACTOR OF THE CONTRACTO

The date of each amendment(s) adoption:date this document was signed.		_, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will ref. State's records.	not be listed as the
Adoption of Amendment(s) (<u>C</u>	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s) rapproval.	
	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
	endment(s) was/were sufficient for approval	
by	oling group)	
	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder	
Dated 09/13/201	1	
Signature		_
selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
	Patricia Aika Name Kota (Typed or printed name of person signing)	
	Recently of Agent	
	(Title of person signing)	