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## COVER LETTER

**TO:** Amendment Section Division of Corporations

SHREE KANAKA DURGA, INC NAME OF CORPORATION:
P17000094845
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
NAVEEN P GADDAM
(Name of Contact Person)
Shree Kanaka Durga, Inc
(Firm/ Company)
811 6th Ave
(Address)
Crestview Florida 32536
(City/ State and Zip Code)
saveapennypcola@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Naveen P Gaddam 540 449-6046
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Fee S43.75 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

**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

to

Articles of Incorporation

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C 1 1 1 .	of 18 MAY 22 By 0 cc
Shree Kanaka	urrently filed with the Florida Dépthof State) STATE
(Name of Corporation as et	TALL AHAS MEDICAL PLOKIDA
(Document Nu	mber of Corporation (if known)
rsuant to the provisions of section 607.1006. Florida Statute Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporati	ion:
	The new
ame must be distinguishable and contain the word "corp. Corp.," "Inc.," or Co" or the designation "Corp," "Inc, ord "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P.A."
Enter new principal office address, if applicable:	4021 N. W STREET
Principal office address <u>MUST BE A STREET ADDRESS</u> )	PENSACOLA, FL, 32505
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
	orida street address)
New Registered Office Address:	, Florida(Zip Code)
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far	
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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones Ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SHREEPAL PARIKH	913 BEAL PKWY NW
X Add			SUITE A215
Remove			FORT WALTON FL 32547
2) X Change	P	NAVEEN P GADDAM	811 6TH AVE
Add			CRESTVIEW FL 32536
Remove 3 ) X Change	VP	KISHORE B BOMMENA	811 6TH AVE
Add			CRESTVIEW FL 32536
Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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,		
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmen flicient for approval.	ıt(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, =	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 05	123/2012.	
Signature	Offer.	
(By a d	irector, president or other officer - if directors or officers have not bee	
	d, by an incorporator – if in the hands of a receiver, trustee, or other co	ourt
appoin	ied fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	A
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	· · · · <del></del>

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