

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001170163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6360

From:

Account Name : PEDRO LUBQUINOS Account Number : 120170000042 Phone : (954)655-8413

Fax Number : (954)432-8807

Enter the enail address for this business entity to be used for future of annual report mailings. Enter only one email address please.

Email Addross:

G Ch

COR AMND/RESTATE/CORRECT OR O/D RESIGN KNC AMERICA INC

| Company of the second s | |
|--|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 5 2018

in the second second **COVER LETTER**

| Division of Corpo | | | |
|--------------------------|--|--|---|
| NAME OF CORPOR | ATION: KNC AMERICA | INC | |
| DOCUMENT NUMB | ER: P18000008523 | | |
| The enclosed Articles | of Amendment and fee are su | ibmitted for filing. | |
| Please return all corres | pondence concerning this ma | itter to the following; | |
| | ALEXIS PADRON | | |
| - | | Name of Contact Person | <u> </u> |
| | | Firm/ Company | <u> </u> |
| _ | 861 W SITH PL | | |
| | | Address | |
| _ | HIALEAH, FL 33012 | | |
| | · - u | City/ State and Zip Code | |
| PLUZ | QUTNOSF@HOTMAIL.CO | М | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| PEDRO LUZQUINOS | 3 | 954 | 1.655-8413 |
| Name o | f Contact Person | Area Coo | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | rtment of State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fcc & 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) |
| Ame Divis P.O. | ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314 | Amendi Division Clifton 2661 Fa | Address meat Section n of Corporations Building secutive Center Circle ssec, FL 32301 |

H 18000 1170 163

Articles of Amendment to

Articles of Incorporation

| | AIG | of | puration | i ! | | | |
|---|--|---|-------------|----------------------------------|------------------------------------|-------------------------------|-----------|
| KNC AMERICA INC | | . . | | I : | | | |
| (Name | of Corporation as | s currently (| iled with t | he Florida Dej | ot. of State) | | |
| P18000008523 | | | | | , | | |
| | (Document l | Number of C | orporation | (if known) | <u> </u> | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Stat | tutes, this <i>Flo</i> | orida Profi | t Corporation (| adopts the follow | ing amer | idment(s) |
| A. Hamending name, enter the new n | ame of the cornor | ration: | | ! ! | | | |
| | | | | : | | | |
| name must be distinguishable and con "Corp," "Inc.," or Co.," or the design word "chartered," "professional associa | ration "Corp." "I | nc " or "Co | ". A profe | y." or "incory essional corpu | oorated" or the ration name mus | The abbrevio si contain | ation |
| B. Enter new principal office address, | if applicable: | | 2519 ALC | AZAR DR | | | |
| (Principal office address MUST BE A S | TREET ADDRES | <u>s</u>) | MIRAMA | R, FL 33023 | | | _ |
| | | | | ! | | | |
| C. Enter new mailing address, if appl (Mailing address MAY RE, A POST | | | 2519 ALC | AZAR DR | · · · · · | | |
| | | | MIRAMA | R, FL 33023 | | | |
| D. If amending the registered agent an new registered agent and/or the new | d/ar registered of registered office RAUDEL GARO | <u>e address;</u> | | enter the na | me of the | | |
| Name of New Registered Agent | | | | <u>i</u> | | _ | |
| | 2519 ALCAZAR | | | | | | |
| | MIRAMAR | Florida street i | iaaress) | • 1 1 1 | 33023 | | |
| New Registered Office Address: | | (CII | 'y) | <u> </u> | Florida | n Code) | |
| New Registered Agent's Signature, if cl I hereby accept the appointment as regist | ered agent. 1 am) | d Agent: familiar with Garci of New Regis | < B | riugico | LAHASJEE, FL | 2018 APR 13 A | |
| | | Page 1 of 4 | ı | | CHIBA | 9 31 32 | |

H 18000 1170 163

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) 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 Salty Smith, SV as an Add. Example: X Change <u>PT</u> John Doe X Remove V Mike Jones \underline{X} Add <u>sv</u> Sally Smith Type of Action Title <u>Name</u> Address. (Check One) PADRON, ALEXIS 861 W 51TH PL 1) ____ Change HIALEAH, FL 33012 ___ Add Remove 2) X Change GARCIA BRINGAS, RAUDEL, 861 W 51TH PL HIALEAH, FL 33012 Add ____ Rémove 3) ____ Change _____ Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add _ Remove

Page 2 of 4

| E. If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific) CHANGE OF ADDRESS FOR: | <u>hcre</u> : |
|---|---|
| VP | |
| GARCIA BRINGAS, RAUDEL | |
| OLD ADDRESS: 861 W 51TH PL, HIALEAH, FL 33012 | |
| NEW ADDRESS: 2519 ALCAZAR DR, MIRAMAR, FL 33023 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not containe (if not applicable, indicate N/A) | or cancellation of issued shares. Ed in the amendment itself: |
| <u> </u> | |
| | |
| | |
| | <u> </u> |
| | |
| | 1 |
| | |
| | |

Page 3 of 4

| | 04/12/2018 | |
|--|--|------------------------|
| The date of each amendment(s | s) adoption: | , if other than the |
| date this document was signed. | | |
| | 04/12/2018 | |
| Effective date if applicable: | () () | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the document's effective date on the | is 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</u> ONE) | |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval. | |
| The amendment(s) was/were must be separately provided | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | |
| | ast for the amendment(s) was/were sufficient for approval | |
| by | <u> </u> | |
| | (voling group) | |
| The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| 04/12/20 Dated | | |
| Signature | Alexi Padran | |
| (By a | a director, president or other officer - if directors or officers have not been | _ |
| selec appo | cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) | |
| | ALEXIS PADRON | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |

Page 4 of 4