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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



02/26/19--01019--008 \*\*52.50



#### **GOVER LETTER**

# TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION:	Kaida	Florida	Real	Estate	, Inc.
		49427			

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Lin
Name of Contact Person
DFD Financial Gnoup
Firm/ Company
5150 Buford Hwy. NE A250
Address
Dotaville, GA 30340
City/ State and Zip Code
ddfinancial 321 Qgmail. com
E-mail address: (to be used for future annual report polification)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane at (<u>7170</u>) <u>216- 9318</u> Area Code & Daytime Telephone Number in

Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of	(Amendmen)
	To Supportion
	of
	incorporation of - Orida Real Estate, Inc
<u> </u>	-9427 r of Corporation (if known)
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	bis Florida Profit Corporation adopts the following amendment(s) to
1. If amending name, enter the new name of the corporation:	
N/H	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered." "professional association." or the abbreviation	r "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u>N/A</u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>'ess:</u>
Name of New Registered AgentN/A	
(Fbwida	i street address)
<u>New Registered Office Address:</u>	(City)
	and the second
New Registered Agent's Signature, if changing Registered Age	ent:

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Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

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:

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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:

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<u>X</u> Change	<u>PT</u> <u>Joh</u>	<u>in Doe</u>		
X Remove	<u>V Mi</u>	ke Jones		
<u>X</u> Add	<u>SV</u> <u>Sal</u>	Ily Smith		
<u>Type of Action</u> (Check One)	<u>Title</u>	Name		Address
1) Change	CFU	Sauping	Kwok.	<u>9520 old southwick pass</u> Alpharetta GA 20022
_X_Add		0		Alphanetta GA 20022
Remove				1
2) Change				
Add				
Remove				
3) Change			<u>.                                    </u>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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ttach additional sheets, if necessary).	(Be specific)	
N/A		
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(if not applicable, indicate N/A)

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N/A

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date this document was signed.	doption:	, if other
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	- <u></u>
	(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	block does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be liste
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s ifficient for approval.	)
	broved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	n1
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	r
A The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	<u>h 2/1/2019</u>	
Signature X	fe	
	friector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted (iduciary by that fiduciary)	
, appoint		
	uh Va Chen	
, appoint	(Typed or printed name of person signing)	
, appoint	Typed or printed name of person signing)	