ESIK 200819

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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R. WHITE SEP 1 8 2018 1018 SEP 14 AM 8: 03 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: K & T	<u>lnourana</u>	<u>e Uchsultan</u> is Cor
DOCUMENT NUMBER:	<u>P18000</u>	054183	
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
 2	Edgar R	Name of Contact Perso	sultants and
1-2		Firm/ Company	
8	33 W. 11	io 5t	
		Address 7 Fl 33	3010
		City/ State and Zip Cod	e
	E-mail address: (to be us	L2 730 @ sed for future annual report	gmail.com
For further information con	cerning this matter, pleas	se call:	
Edgar Name of Co	R. Peve 2	at (<u>786</u> Area Co	575 - 4244 Ide & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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 Amandm	Address		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

nendment FILED

Articles of Incorporation

010 =	Of
KGP Insurance	Consultants-Corp.
(Name of Corporat	ion as currently filed with the floridis Dept bestile
P 18000054183	
(Document)	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	NIA
(Principal office address MUST BE A STREET AD)	
C. Enter new mailing address, if applicable:	1.
(Mailing address MAY BE A POST OFFICE BO	\underline{N} \underline{N}
	ı
	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent N	<u>A</u>
,	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>istered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	nature 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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> P</u>	Edgar R. Perez	83 W. 16 St
X Add			Hialeah Fl
Remove			_33010
2) Change	VP	Isaimy Ronquillo	83 W. 16 St
X Add		J	Haleah Fl
Remove			33010
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)
	
	
<u>If an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(η ποι αργιτασίε, παιέτα του)	
·	

The date of each amendment(s) ac date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this d partment of State's records.	ate 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 amendment efficient for approval.	(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	28 2018	
Signature	rector, president or other officer – if directors or officers have not been	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other couled fiduciary by that fiduciary)	
-	Edgay R. Perez (Typed or printed name of person signing)	
-	Registered Agent (Title of person signing)	

COVER LETTER

SURJECT:		
3000EC	Name of Corp	poration
DOCUMENT N	NUMBER:	
	atement of Change of Registered Office/A	
Please return all	correspondence concerning this matter to	the following:
	Name of Contact	et Person
	Firm/Comp	Dany
	Address	
	Addres.	
	City/State and 2	Lip Code
	E-mail address: (to be used for futu	re annual report notification)
For further infor	mation concerning this matter, please call	:
		it () Area Code & Daytime Telephone Number
N	lame of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3:	5.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations