P8000063353

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2010 SEP 24 P & 29
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SEP 2 5 7 77

COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: ICDOE S CORP. DOCUMENT NUMBER: P18000062353				
DOCUMENT NUMBER: P18000062353				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
PAUL L. MC CLURE, CPA Name of Contact Person				
Name of Contact Person				
Firm/ Company				
5750 FRENCH CREEK CT.				
ELIENTON, FL 34222				
City/ State and Zip Code				
PMCCLURE CPA @ BELL SOUTH. IVET				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
PAUL 1 Marina - CON ON 773 7700				
PAUL L. MCCLURE CPA 941 723-7700 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 Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				

Clifton Building 2661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment Articles of Incorporation

KDOE S CORP. (Name of Corporation as currently filed with the Florida Dept. of State)

P18000062353 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new name of the c		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association." or the	ord "corporation," "company," or " p," "Inc," or "Co". A professional	incorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		the name of the
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	ggistered Agent: I am familiar with and accept the ob	ligations of the position SEP 3

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	_ D _	PAUL L. MCCLURÉ	5750 FRENCH CREEK
<u> </u>			ELLENTON.
Remove			FL 34222
2) Change			
Add			
Remove			 ,
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ach additional sh	ling additional Art heets, if necessary).	(Be spe	ecific)				
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F. <u>[f :</u> pr	<u>in amendment p</u> rovisions for imp	provides for an exc plementing the am	hange, re endment	classification, of the contained	r cancellation	n of issued s idment itself	hares,	
	(if not applica	ble, indicate N/A)						
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The date of each amendment(s) adoptio	9/1/18	, if other than the
date this document was signed.		
Effective date if applicable:	911/18	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	oes not meet the applicable statutory filing requirement ent of State's records.	s, this date will not be listed as the
Adoption of Amendment(8)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the ame t for approval.	ndment(s)
☐ The amendment(s) was/were approved must be separately provided for each t	by the shareholders through voting groups. The following group entitled to vote separately on the amendment	g statement t(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareh	nolder
Dated 9/	1/18	
Signature	aul 2 Mc Cline CPA	(DIRECTOR)
(By a director selected, by a	r, president or other officer – if directors or officers have in incorporator – if in the hands of a receiver, trustee, or ouclary by that fiduciary)	not been other court
	PAUL L. MCCLURE (Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	