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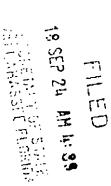
| (Requestor's Name) (Address) | |
|--|---------------------------|
| (Address) | 3003 |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | 03/24/1 |
| Special Instructions to Filing Officer: | S TALLENT SEP 2 7 2018 |
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MC

COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person
Family First Behavior,
Firm/Company
Address

Address

Find State and Tip Sode Krisowens 75@ amail. con E-mail address: (to be used for future annual report potification) For further information concerning this matter, please call: at (321) 217 - 7778

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **∑\$**52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment

to Articles of Incorporation

| . of | |
|--|--|
| Kristine Owens, Inc. | |
| ame of Corporation as currently filed with the Florida Dept. of State) | |
| P18000075972 | |
| (Decement Number of Companion (if known) | |

| (Name of Corporation as curren | tly filed with the Florida Dept. | of State) |
|--|----------------------------------|------------------------------|
| P12000C | 75972 | |
| (Document Number | of Corporation (if known) | ·· |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation: | s Florida Profit Corporation add | opts the following amendment |
| A. If amending name, enter the new name of the corporation: | "Co". A professional corporat | ated" or the abbreviation |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NIA | 18 SEP 24 AM |
| D. If amending the registered agent and/or registered office ad- | | e of the |
| Name of New Registered Agent / | A | |
| New Registered Office Address: | (City) | Florida(Zip Code) |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian | | 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)

Example:

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.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | _ | <u></u> |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |



| If amending or adding additional Artic (Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
|---|---|
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| If an amendment provides for an excha | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amen (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| | |
| | |
| ······································ | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|-------------------------|
| date this document was signed. Effective date if applicable: September 19, 2018 | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records. | ll not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 9 19 18 | |
| Signature State Of Contract of the Signature of the Signa | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| Rristine owens | |
| (Typed or printed name of person signing) | |
| Dresident | |
| (Title of person signing) | |