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(Document Number)
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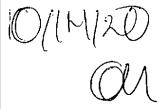




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SECRETARY OF STATE



COVER LETTER

10: Amendment Section Division of Corpo			• / ·			
NAME OF CORPOR	IATION: KOGE	S CUT-N	- Edge Cofforación			
DOCUMENT NUME	BER:	190000 4	7218			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corres	pondence concerning this mat	ner to the following:				
	David	A. NAI	CPA			
	Dluarsit	Name of Contact Person	g . top uc			
		PO Rox	130948			
	7	Address Ama F	L 33681			
	City/ State and Zip Code					
	E-mail address: (to be us	ed for future annual report	poblication) Com			
For further information	n concerning this matter, pleas	se call:				
DAvid	NAIL CPA	at (813	de & Daytine Telephone Number			
Name o	of Contact Person	Area Cox	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address timent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee. FL 32303			
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Articles of Amendment Articles of Incorporation SECRETARY OF STATE (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 its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Matting address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and gecept the obligations of the position.

Signuture of New Registered Agent, if changing

Signature of their Registered Agent, if changing

Check if applicable

☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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; TE = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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, Saily 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: <u>X</u> Change	PT John	Doe	
N Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV Sally</u>	· Smith	
Type of Action (Check One) 1) Change Add	<u>Title</u>	Name MARK A. Rogers	Address 14025 Downing ST DOVOT, FL
Remove 2) Change Add	5	Lori Rogers	33527 14025 Downing J Dover, FL
Remove 3.) Change			<u> </u>
Remove 4) Change Add			
Remove 5) Change Add			
Remove Change Add			
Remove			

If amending or adding	additional Articles, enter change(s) here:
(Attach additional sheets	rs, if necessary). (Be specific)
	
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	/
/	,
If an amendment army	vides for an exchange, reclassification, or cancellation of issued shares.
provisions for implen	menting the amendment if not contained in the amendment itself:/
(if not applicable,	indicate N/A)
	
	

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this blo document's effective date on the Dep	ick does not meet the applicable statutory filing require artment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were adoptiction was not required.	ted by the incorporators, or board of directors without sh	archolder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the ficient for approval.	e amendment(s)
	oved by the shareholders through voting groups. The fol ach voting group entitled to vote separately on the amen	
"The mumber of votes east fo	or the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	·
Dated	-15-2020	•
Signature 1	ak A Cogus	
-	ector, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, truster	
	d fiduciary by that fiduciary)	• • • • • • • • • • • • • • • • • • • •
	Minich A Po	985
_	(Typed or printed name of person signing)	,
_	President	
	(Title of person signing)	•

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