P19000046903

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Littly Name)
(Document Number)
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COVER LETTER

TO: Amendment Se Division of Cor		•	•
NAME OF CORPO	ORATION: Kaia Ventures, Inc		
	1BER: P19000046903		-
The enclosed Article	s of Amendment and fee are su	ubmitted for filing.	
Please return all con	respondence concerning this ma	atter to the following:	
	George Hubac		
		Name of Contact Persor	1
	Kaia Ventures, Inc.		
	-	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	6450 SW Archer Road, Suite	• •	
		Address	
	Gainesville, FL 32608		
		City/ State and Zip Code	2
	hubacg@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
George Hubac		at (⁵⁷¹	_) 331-6500
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for 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)	☐\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

Kaia Ventures, Inc.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000046903		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must	contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020 (5.3
		
		<u> </u>
C. Enter new maiting address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Kaia Ventures, Inc.	3.09
<u> </u>	6450 SW Archer Road, Suite 120	9
	Gainesville, FL 32608	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent		
(2)		
(Florida s.	treet address)	
New Registered Office Address:	, Florida	<u> </u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		sition.
Signature of New I	Registered Agent, if changing	
Check if applicable		

 \Box 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; 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VS	Bobby Gagne	6520 SW 49th Place
Add			Gainesville, FL 32608
X Remove			
2) Change	VS	Cayla Williams	6450 SW Archer Road, Suite 120
XAdd			Gainesville, FL 32608
Remove 3) X Change	PT	George Hubac	6450 SW Archer Road, Suite 120
Add			Gainesville, FL 32608
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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rovisions for imp	lementing the amends	nent if not contai	ned in the amend	ment itself:	
(if not applicat	ble, indicate N/A)				
				**	-
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<u> </u>					
					_

The date of each amendment(s) adoption:, if other t date this document was signed.	han the
Effective date if applicable:	
(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 will not be listed document's effective date on the Department of State's records.	i as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
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)	
Dated Signature (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) George Hubac (Typed or printed name of person signing)	
President	

(Title of person signing)