## P19000048811

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Kinbro, Inc.		
DOCUMENT NUM	BER: P19000048811		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Steven Southwell		
		Name of Contact Person	1
	J. Steven Southwell PA		
		Firm/ Company	
	502 W. Main Street		
		Address	
	Wauchula, Florida 33873		
	·	City/ State and Zip Code	2
	ssouthwell@realfloridalaw.co	om	
	<del></del>	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas		773-4449
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
■ \$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Kinbro, Inc.

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P19000048811	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
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 professional corporation name must contain the word
3. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	2020
	( '
C. Enter new mailing address, if applicable:	bridged
(Mailing address MAY BE A POST OFFICE BOX)	
(maning damess <u>MAT DE A 1 051 OT CICE DOA</u> )	ي _
	9:04
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add  Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	, Florida
New Regimerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil	liar with and accept the obligations of the position.
Signature of Ne	ew 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)

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	Victoria Ray	PO Box 1883
X Add				Wauchula, Fłorida 33873
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

ttach <i>additional sh</i>	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
<del></del>	
	<del></del>
<u> </u>	
lf an amendment n	rovides for an exchange, reclassification, or cancellation of issued shares,
provisions for imp	lementing the amendment if not contained in the amendment itself:
(if not applicat	ole, indicate N/A)
.7 11	
_	
-	
· ·	
	· ·

The date of each amendment(s) adoption:, if other t	han 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 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.	d 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"	
by	
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)	
Thomas Trevino	
(Typed or printed name of person signing)	
President	

(Title of person signing)