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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2020

KEVIN GAY 15611 BEREA DRIVE ODESSA, FL 33556

SUBJECT: KEVIN D GAY, INC. Ref. Number: P20000015454

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 320A00008508

Dear Ms. Moore,

I called and hopefully these are

filled correctly. Thank you so much for

filled correctly. Thank you so much for

your time. Sincere apologies for taking

more of it!

~ Kevin Gay

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|------------------------|
| NAME OF CORPORATION: KEVIN D. Gay, Inc. | |
| | |
| DOCUMENT NUMBER: P20000015454 | |
| The enclosed Articles of Amendment and fee are submitted for tiling. | |
| Please return all correspondence concerning this matter to the following: | |
| Kevin D. Gay | |
| Name of Contact Person | |
| Kevin D. Gay, Inc. | |
| 15611 Berea Drive | |
| Address | |
| Odesso, FL 33556 City/ State and Zip Code | |
| City/ State and Zip Code | |
| SerenamintonSerenaminton@ E-mail address: (to be used for future annual report notification) | gnail. COM |
| For further information concerning this matter, please call: | |
| Serena Minton-Gay at 813 810 Name of Contact Person Area Code & Daytime | -7320 Telephone Number |
| , wante of commerce of the com | • |
| Enclosed is a check for the following amount made payable to the Florida Department of State | :: _ |
| Certificate of Status Certificate of Status Certificate of Status Certificate Opy (Additional copy is enclosed) Certificate Opy (Additional copy is enclosed) Certificate Opy (Additional copy is enclosed) | of Status Copy al Copy |
| Mailing Address Amendment Section Amendment Section | - |
| Amendment Section Amendment Section Division of Corporations Division of Corporation | ons |
| P.O. Box 6327 The Centre of Talla | hassee |
| Tallahassee, F1, 32314 2415 N. Monroe Str | eet, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment

| Articles | s of Incorporation |
|--|---|
| Kevin D. Gau | "\nc. |
| (Name of Corporation as A | urrently filed with the Florida Dept. of State) |
| P2000001545H | |
| (Document Nu | imber of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporat | tion: |
| | —————————————————————————————————————— |
| name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation | ion," "company," or "incorporated" or the abbreviation "Corp.," Co", A professional corporation name must contain the word "P.A." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> |) |
| | 7 2 C |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | #0 - vi - i #2 - j - i |
| | # 1000 # 2000 |
| | |
| | |
| D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a | |
| Ka. | D Gan |
| Name of New Registered Agent | Proce Trains |
| 15611 | Berea Drive orida street address) |
| Odes | 33556 |
| New Registered Office Address: | (City) , Florida (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa | 1 Agent: imiliar with and accept the obligations of the position. |
| | |
| | |
| Signature of | f New Registered Agent, if changing |
| | |
| Check if applicable The amendment(s) is/are being filed pursuant to s. 607.013 | 20 (11) (e), F.S. |
| (I think? some stherit you) | |
| J | |

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 = 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. 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: <u>X</u> Change | PT John Do | <u>oc</u> | |
|-----------------------------|--------------------------|-------------------|------------------------------------|
| X Remove | <u>V</u> <u>Mike Jo</u> | <u>ones</u> | |
| X Add | <u>SV</u> <u>Sally S</u> | mith_ | |
| Type of Action | Title | Name | <u>Addres</u> s |
| (Check One) 1) X Change | <u>_P_</u> | Kevin D. Gay | 15611 Berea Dr. Odessa Fl 33556 |
| Add | | | <u>Udtssa</u> 16 33374 |
| Remove 2) Change | VP | Sevena Minton-Gay | Ogessy FL 33554 |
| Add Remove 3) Change | <u>T</u> | Michael C. Minton | 15611 Beren Dr. |
| Add Parana | | | OdessA, FC 33556 |
| Remove 4) Change | | | |
| Add | | | |
| Remove | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| te | hange medical Gartion or concellation of ivened charge |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) adoption: $05/01/2020$, if other the date this document was signed. | in 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. | 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 east for the amendment(s) was/were sufficient for approval | |
| by" | |
| 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 liduciary by that fiduciary) (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |