

P16000007969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

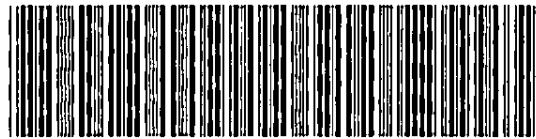
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



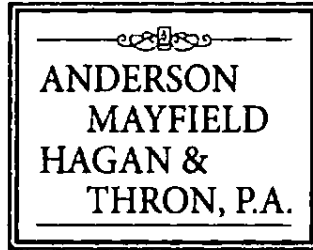
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R. WHITE
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Gregory T. Anderson
Krista K. Mayfield
Attorneys at Law



Kera E. Hagan
Philip W. Thron
Attorneys at Law

March 30, 2021

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Articles of Amendment
Estate of Robert Henry

Dear Sir or Madam:

Our office represents Kimberley Rivette as the personal representative of her late father's estate. At the time of his death, Mr. Henry was the sole officer and shareholder of the following corporations:

Henry Real Estate Appraisals, Inc (Doc #P16000007969)

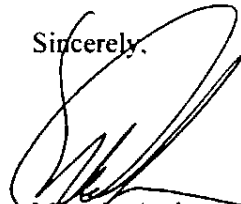
KBL of Pasco, Inc. (Doc #P20000016188)

Enclosed herewith are copies of the letters of administration issued to our client, along with the original Articles of Amendment and checks for the amendment filing fees.

If you have any questions regarding the enclosed documents, please do not hesitate to contact me directly at 727-203-8018.

Thank you for your assistance in this regard.

Sincerely,



Mary L. Andersen, FRP
Kera E. Hagan, Esq.

MLA/ms
Encl.

Pasco County Office:
9020 Rancho del Rio, Suite 101
New Port Richey, FL 34655
727.203.8018
727-494-7396 - Fax

Main Office:
1800 S. Australian Ave, Suite 350
West Palm Beach, FL 33409
561.688.0098
561.688-0096 - Fax

REPLY TO:
Hernando County Office:
4104 Deltona Blvd (CR 589)
Spring Hill, FL 34606
352.592-6160
727-494-7396 - Fax

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KBL OF PASCO INC

DOCUMENT NUMBER: P 200000 16188

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KERA HAGAN, ESQ./MARY ANDERSEN, FRP
Name of Contact Person
ANDERSON MAYFIELD HAGAN & THRON PA
Firm/ Company
4104 Deltona Boulevard
Address
Spring Hill, FL 34606
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY ANDERSEN, FRP at (727) 203-8018
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

KBL OF PASCO, INC.

20000016188 - 5 Fl. 1-15

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000016188

(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:

The new 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:
(Mailing 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 accept the obligations of the position.

Signature of New 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; 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>ROBERT HENRY</u>	<u>DECEASED</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>KIMBERLEY RIVETTE, PERS REP</u>	<u>18120 Glastonbury Lane</u>
<input checked="" type="checkbox"/> Add			<u>Land O Lakes, FL 34638</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: _____, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 03-18-2021

Signature Kimberly Rivette

(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)

Kimberley Rivette

(Typed or printed name of person signing)

Personal Representative

(Title of person signing)