## P21000045144

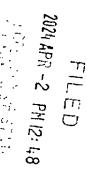
| (Re                     | equestor's Name)  |                          |
|-------------------------|-------------------|--------------------------|
| (Ac                     | ddress)           | - •                      |
| (Ac                     | ddress)           |                          |
| (Ci                     | ty/State/Zip/Phor | ne #)                    |
| PICK-UP                 | ☐ WAIT            | MAIL                     |
| (Bu                     | siness Entity Na  | me)                      |
|                         |                   |                          |
| (Do                     | ocument Number    | )                        |
| Certified Copies        | _ Certificate     | s of Status              |
| Special Instructions to | Filing Officer:   |                          |
|                         |                   | J. HORNE                 |
|                         |                   | J. HORNE<br>APR 2 3 2024 |
|                         |                   |                          |
|                         |                   |                          |
|                         |                   |                          |
|                         |                   |                          |

Office Use Only



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04/02/24--01009--016 ++95.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COR  | RPORATION: KXD AND ASSO                       | CIATES INC   |   |
|--|---|--|---|
| DOCUMENT N   | UMBER: P21000045144                           | <del></del>  |   |
|  | icles of Amendment and fee are su             | bmitted for filing.  |   |
| Please return all o  | correspondence concerning this ma             | tter to the following:   |   |
|  | MAC LEAN DEMACQUE                             |  |   |
|  |   | Name of Contact Persor   | 1   |
|  | KXD AND ASSOCIATES II                         | NC   |   |
|  |   | Firm/ Company  |   |
|  | 6900 TAVISTOCK LAKES                          | • •  |   |
|  |   | Address  |   |
|  | ORLANDO FL 32827                              |  |   |
|  |   | City/ State and Zip Cod  | e   |
|  | demacque1980@counsellor.c                     | com  |   |
|  | •   | sed for future annual report                                       | notification)   |
| n 6 d 1.6  |   | vo asll:   |   |
| For further infor  | nation concerning this matter, plea           | se cair.   |   |
| MAC LEAN DEMACQUE  |   | at (   |   |
| Name of Contact Person   |   |  | de & Daytime Telephone Number   |
| Enclosed is a che  | eck for the following amount made             | payable to the Florida Dep   | artment of State:   |
| ■ \$35 Filing F  | ee \$43.75 Filing Fee & Certificate of Status | □\$43.75 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 |   | Amend<br>Division<br>The C   | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

of

|  | rticles of Incorporation                             | FILE   |
|--|--|--|
|  | of   | 2024 400   |
| KXD AND ASSOCIATES INC   |  | 2024 APR -2 PH 12: 48  |
| (Name of Corporation   | n as currently filed with the Flori                  | ida Dept. of State)  |
| P21000045144   |  | With History   |
| (Docume  | ent Number of Corporation (if know                   | wn)  |
| Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:  | Statutes, this <i>Florida Profit Corpo</i>           | ration adopts the following amendment(s)                               |
| A. If amending name, enter the new name of the cor   | poration:  |  |
|  |  | The new  |
| name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi  | or "Co". A professional corpo                        | orated" or the abbreviation "Corp.," ration name must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ADDRE | RESS)  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX   | N/A  |  |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of   | ed office address in Florida, ente<br>ffice address: | r the name of the  |
| Name of New Registered Agent   |  |  |
|  | <i>N</i> /A  |  |
|  | (Florida street address)                             |  |
|  | N/A  | , Florida  |
| New Registered Office Address:   |  | (Zip Code)   |

Check if applicable

<sup>☐</sup> 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 Doe    |                 |
|-------------------------------|---------------|-------------|-----------------|
| X Remove                      | <u>V</u>      | Mike Jones  |                 |
| X Add                         | <u>sv</u>     | Sally Smith |                 |
| Type of Action<br>(Check One) | Title         | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     | <del></del> . | <u> </u>    |                 |
| Add                           |               |             |                 |
| Remove                        |               | .// .       |                 |
| 2) Change                     |               |             |                 |
| Add                           |               |             |                 |
| Remove 3) Change              |               | NA          |                 |
| Add                           |               |             |                 |
| Remove                        |               | u / _       |                 |
| 4) Change                     |               | M/A         |                 |
| Add                           |               |             |                 |
| Remove                        |               | 41/2        |                 |
| 5) Change                     |               | W/A         |                 |
| Add                           |               |             |                 |
| Remove                        |               | n/n         |                 |
| 6) Change                     |               |             |                 |
| Add                           |               |             |                 |
| Remove                        |               |             |                 |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| ARTICLE III   |
| PROFESSIONAL SERVICES : POWER OF ATTORNEY: ASSET RECOVERY   |
| LIAISING WITH THE COURTS IN FILLING CLAIMS ON BEHALF OF PRIVATE CITIZENS  |
| TO HELP STIMULATE THE ECONOMY FOR GROWTH AND BALANCE  |
|   |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                            |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)      |
| (y not applicant, material)   |
|   |
| NA  |
|   |
|   |
|   |
|   |
|   |

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. (CHECK ONE) Adoption of Amendment(s) ■ 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 (voting group) 3-26-24 Dated\_ Signature Memacque (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) MAC LEAN DEMACQUE (Typed or printed name of person signing) PRESIDENT

(Title of person signing)