

P23000018024

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COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: KINGDOM SIS, INC

DOCUMENT NUMBER: P23000018024

Enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FULTON L. WILSON, JR

Name of Contact Person

Firm/ Company

3001 W. Silver SPRINGS BLVD

Address

OCALA, FL 34475

City/ State and Zip Code

FLTWILSON@gmail.com

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

Further information concerning this matter, please call:

FULTON L. WILSON, JR

Name of Contact Person

at (352) 844-5619

Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee

☐ \$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

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

KINGDOM SIS, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P23000018024
(Document Number of Corporation (if known))

2023 JUN -2 PM 4:16

SECRETARY OF
STATE

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to Articles of Incorporation:

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 "professional," "professional association," or the abbreviation "P.A."

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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)

By 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 (1)(c), F.S.

removing 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:

(Use additional sheets, if necessary)

(Please note the officer/director title by the first letter of the office title:

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. For example, 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

Action	Title	Name	Address
<input checked="" type="checkbox"/> Change	<u>D</u>	<u>LYNDA MCCLINTON</u>	<u>3001 W. Silver Springs Blvd</u>
<input checked="" type="checkbox"/> Add			<u>ORLANDO, FL 32835</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
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<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

c. date of each amendment(s) adoption: JUNE 2, 2023, if other than the date this document was signed.

d. effective date if applicable: _____
(no more than 90 days after amendment file date)

e. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the amendment's effective date on the Department of State's records

f. Option 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 JUNE 2, 2023

Signature Fulton L. Wilson, JR

(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)

FULTON L. WILSON, JR

(Typed or printed name of person signing)

CCEO

(Title of person signing)