

P28767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

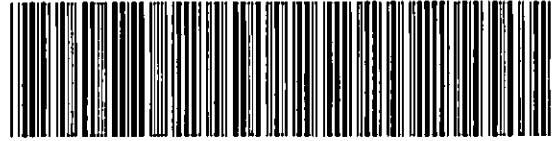
(Business Entity Name)

(Document Number)

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2021 AUG -5 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FL

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
850.656.7953

**REQUEST DATE** 8/5/2021

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 939919

**ORDER ENTITY**

MADSEN, KNEPPERS AND ASSOCIATES, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**MADSEN, KNEPPERS AND ASSOCIATES, INC. (FL)**

File the attached amendment

**NOTES:**

\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

P28767

\_\_\_\_\_  
(Document number of corporation (if known))

1. Madsen, Kneppers and Associates, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Colorado 3. 04/04/1990  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? MKA International, Inc.
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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*

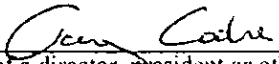
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TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Vice President &amp; Director</u>	<u>Chris J. Kneppers</u>	<u>425 Amwell Rd., 2nd Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Hillsborough, NJ 08844</u>	<input type="checkbox"/> Remove
<u>Director</u>	<u>Michelle J. Robbins</u>	<u>4025 El Capitan Way</u>	<input checked="" type="checkbox"/> Add
		<u>Las Vegas, NV 89147</u>	<input type="checkbox"/> Remove
<u>Vice President &amp; Director</u>	<u>Michael Bischof</u>	<u>11695 Johns Creek Pkwy., #250</u>	<input checked="" type="checkbox"/> Add
		<u>Johns Creek, GA 30097</u>	<input type="checkbox"/> Remove
<u>Director</u>	<u>David A. Vanderostyne</u>	<u>2310 N. Molter Rd., #110</u>	<input checked="" type="checkbox"/> Add
		<u>Liberty Lake, WA 99019</u>	<input type="checkbox"/> Remove
<u>Director</u>	<u>Craig R. Tarr</u>	<u>56 Inverness Drive East, #200</u>	<input checked="" type="checkbox"/> Add
		<u>Englewood, CO 80112</u>	<input type="checkbox"/> Remove

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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 \_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Craig Cooke  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

Chief Financial Officer  
 \_\_\_\_\_  
 (Title of person signing)

**FILING FEE \$35.00**

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Director</u>	<u>Randal A. Goetz</u>	<u>1400 Opus Pl., #950</u>	<input checked="" type="checkbox"/> Add
		<u>Downers Grove, IL 60515</u>	<input type="checkbox"/> Remove
<u>Vice President &amp; Director</u>	<u>Kevin M. McMahon</u>	<u>3651 Eldorado Pkwy.</u>	<input checked="" type="checkbox"/> Add
		<u>McKinney, TX 75070</u>	<input type="checkbox"/> Remove
<u>Director</u>	<u>A. Marc Goupille</u>	<u>18301 Von Karman Ave., #750</u>	<input checked="" type="checkbox"/> Add
		<u>Irvine, CA 92612</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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\_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

\_\_\_\_\_  
 (Typed or printed name of person signing)

\_\_\_\_\_  
 (Title of person signing)

**FILING FEE \$35.00**

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF DOCUMENT FILED**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Amendment

with Document # 20211704774 of  
MKA International, Inc.

Colorado Corporation

(Entity ID # 19871532716 )

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/03/2021 that have been posted, and by documents delivered to this office electronically through 08/04/2021 @ 13:21:28.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/04/2021 @ 13:21:28 in accordance with applicable law. This certificate is assigned Confirmation Number 13347293.



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"*



Colorado Secretary of State  
 Date and Time: 07/30/2021 10:02 AM  
 ID Number: 19871532716

Document must be filed electronically.  
 Paper documents are not accepted.  
 Fees & forms are subject to change.  
 For more information or to print copies  
 of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

Document number: 20211704774  
 Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

**Articles of Amendment**

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number and entity name are

ID number 19871532716  
*(Colorado Secretary of State ID number)*  
 Entity name MADSEN, KNEPPERS AND ASSOCIATES, INC.

2. The new entity name (if applicable) is MKA International, Inc.

3. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

This document contains additional amendments or other information.

4. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

5. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

*(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_  
*(mm dd yyyy hour:minute am/pm)*

**Notice:**

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing the document to be delivered for filing are

Foreman Paul  
*(Last) (First) (Middle) (Suffix)*  
191 N. Wacker Dr.  
*(Street name and number or Post Office Box information)*  
Suite 3700  
Chicago IL 60606  
*(City) (State) (Postal Zip Code)*  
United States  
*(Province - if applicable) (Country - if not US)*

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).