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T. LEMIEUX NOV 2 3 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:P.	6. Kingsbury Enterprises INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fo	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Sean Kingsbury Name of Contact Person
-	
P.G. K	ngsby Enterprises INC Firm/Company
	Firm/ Company
SIS N	Homesterd Blud Address
	Address
Homeste	City/ State and Zip Code
	City/ State and Zip Code
E-mail address: For further information concerning this mat	(to be used for future annual report notification) ter, please call:
Sean Kingsbury	at (305) 878 9580 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee El 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

P.G. Kinachin Entroline INC

/	crprises INC	
(Name of Corporation as <u>kurrently f</u>		
P940000506		
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florids Articles of Incorporation:	orida Profit Corporation adopts the following	owing amendmer
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "con" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "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)		
		21
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
		A0N [:.i
Name of New Registered Agent	· · · · ·	-
	<u> </u>	_
(Florida street	31.18	2
New Registered Office Address:	Florida	<u></u>
C	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the posit	tion.
,,,, ,		
Signature of New Reg	istered 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, a 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 = Ct Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_P	P. Gary Kingsbury	SUN HORSTED Blod
Add		, ,	Herestery Fr 33030
Remove			
2) Change	<i>P</i>	Sen Knysby	815 N Horestern Blue
Add			Honestern Fr 33030
Remove 3) Change	VP	Frances Accursio	815 N Homestern Blue Homestern FL 73070
-X Add			
/ Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	. <u></u>
	
	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	-
 -	
····	-

The date of each amendment(s) adoption:	, if other that
date this document was signed.	
Effective date if applicable: 1/1/2/ (no more than 90 days after amendment file date	
'(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	ts, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the am by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	-
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
Dated 11/1/2 (
Signature A flag	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	