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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

HAR 0 5 2010 T. LEANIEUX



COVER LETTER

TO: Amendment Section

Division of Corpo	orations		
NAME OF CORPOR	RATION: Keystor	re Investm	ent Group, Inc
DOCUMENT NUME	BER: 1940	00075064	·
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Key P.o Cle	Address City/ State and Zip Cod	estment Group, INC.
Krish	concerning this matter, please Connell of Contact Person		221 - 936 > de & Daytime Telephone Number
Enclosed is a check for	r the following amount made pa	ayable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

Articles of inco	rporation
Keystre 1,	restruct array, ine
(Name of Corporation as currently	filed with the Florida Dept. of State)
8940000	75 064
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	N 1 The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or $Co.$," or the designation "Corp.," "Inc," or "C word "chartered," "professional $association$," or the abbreviation "P	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	~ N A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
(Florida stree	et 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 wi	th and accept the obligations of the position to the position
	LORIDO REILE

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: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CFU_	Louis leens	P.O. Box 327.
Add Remove			clearwater FL 33757
2)Change			
Add Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

T <u>amending or addi</u> Attach <i>additional sh</i> e	ng additional Articles, enter chan tets, if necessary). (Be specific)	ge(s) here:	
•			•
	V/16		
			,
	<u> </u>		
<u> </u>			.,
			
•			
f an amendment pr	ovides for an exchange, reclassifi ementing the amendment if not c	cation, or cancellation of	issued shares.
if not applicab	le, indicate N/A)	ontained in the amendin	ent usen.
	$\Delta \Delta \Delta$		
	M		
	•		
			<u>-</u> <u>-</u>
			· · · · · ·

The date of each amendment(s) adoption:, if other date this document was signed.	r than the
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 list document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2/17/18 Signature	
(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) The state of the	· 0
(Typed or printed name of person signing)	يعلا
PCFO (Title of person signing)	-