## P96000065369

(Requestor's Name)
(Address)
( issues,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instituctions to 1 imig Officer.





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SECRETARY OF STAT

3 APR 14 AM 10: 09

## Articles of Amendment to Articles of Incorporation of

KHS Inc				
( <u>Name</u>	of Corporation as currently	filed with the Florida Dept. of Stat	<u>te</u> )	
P96000065369				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the	following amen	dment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				исм,
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	${\it Corp.}$ " " ${\it Inc.}$ " ${\it or}$ " ${\it Co.}$ ". ${\it A.}$	mpany," or "incorporated" or the al professional corporation name mu.	bbreviation "Cor si contain the w	p., " vord
B. Enter new principal office address, (Principal office address MUST BE A S				_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			SECRETARY OF STAT	
D. If amending the registered agent at new registered agent and/or the new		ss in Florida, enter the name of the	4	_ lu
Name of New Registered Agent	Jill Biege		Y OF	APR 14 AM 10: 09
	108 Cedarwood Circle		The second	ë (
	(Florida stree	t address)	——————————————————————————————————————	09
New Registered Office Address:	Longwood FL , Florid		32750	
the registered vifice manes.	(0	Tiy)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist		th and accept the obligations of the p	position.	

AM Signature of New Registered Agent, if changing

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: KHS Inc			
	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Yvonne Pena			
		Name of Contact Person		
		Firm/ Company		
	3828 Emerald Estates Circle			
	·	Address		
	Apopka FL 32703			
		City/ State and Zip Code	•	
	ypena003@outlook.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		SECRE
Yvonne Pena		914 at (	755-1678	AHS AHS
Name (	of Contact Person		le & Daytime Telephone Number	1881 0 A
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	CRETARY OF STATE
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	THE THE
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amendi Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee f. Monroe Street, Suite 810 ssee, FL 32303	

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)

Remove

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	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	þ	Jill Bieg	हर	108 Cedarwood Circle	
X Add				Longwood FL 32750	
Remove					
2) Change	P	Seybold	H.O.H	413 Meadowridge Cove	
Add				Longwood FL 32750-7125	
X Remove Change			_		<u></u>
Add				<u> </u>	2023 APR 14
Remove				<u></u>	<del>-</del> - ;
4) Change				HASS	٠<.
Add					<u></u>
Remove					-11F 109
5) Change			-		
Add					
Remove					
6) Change					<del></del>
Add					

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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.	r
☐ 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):	ut
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
04/07/2023 Dated	
Signature Kay a Seel Co	
(By a director, president or other officer – if directors or officers have not been selected, by invincorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	2023 SEC TA
Kay A. Seybold	2023 APR   SECRETA TALLAH
(Typed or printed name of person signing)	TIL AMI
Vice President	RY OF S
(Title of person signing)	AMIO: 09  OF STATE SEE, FL

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