## P97000045785

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Klip& Kut Lawn Service, Inc. DOCUMENT NUMBER: <u>P9700045785</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Klip & Kut Lawn Service Ine.

Firm/ Company

P. O. Box 560954

Address Rockledge FL 32956
City/State and Zip Code Klipand Kut @ gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kurtis Hatfield at (321) 288-4122

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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** 

αf

Klip & Kut Lawn	Service Tuc. tly filed with the Florida Dept. of State)
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P9700004578	
	of Corporation (if known)
· ·	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1320 Lara Circle #102 Rockledge, FL 32955
	Rockledge, FL 32955
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.	SS:
Name of New Registered Agent Kurtis T.	Hatfield
1320 Lara (Florida s	Hatfield a Circle, #102, Rockledge Fr street address) 3255
New Registered Office Address: Rockle	City)  (City)  (City)  (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>

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 (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, 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: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	STVP	Sara L. Hatfield	1 354 Kilmarnock Pl.
AddRemove			Melbourne, FL 32940 1320 Lara Circle
2)∕€hange	PCEO	Kurtis T. Hatfield	
Add			# 102
Remove 3) Change			Rockledge, FL 32957
Add			
Remove			<del></del>
4) Change			
Add			<u> </u>
Remove			
5) Change	<del></del>		
Add			***************************************
Remove			
6) Change	<del> </del>		<del></del>
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exc	hange, reclassifica	ation, or cancellation	on of issued shar	es,
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not con	ntained in the ame	ndment itself:	
(if not appacable, malcule WA)				
			<del>.</del>	
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	<del></del>			

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The date of ea	nent was signed.	, if other than
Effective date	if applicable:	
	(no more than 90 days after amendment file date)	
Note: If the d document's eff	ate inserted in this block does not meet the applicable statutory filing requirements, this date vective date on the Department of State's records.	vill not be listed as
Adoption of A	mendment(s) (CHECK ONE)	
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action and required.	ind shareholder
	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) cholders was/were sufficient for approval.	
☐ The amenda must be sep	ment(s) was/were approved by the shareholders through voting groups. The following statement parately 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)	
	(voting group)	
	Dated 5-11-21	
	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)	
	Kurtis T. Hatfield Pres.	
	(Title of person signishe)	

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