P97000095802

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:K. R. D.	, Inc.	
DOCUMENT NUMBER: P9700009580	2	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Law Office	of Andrew W.	Rosin
Andrew W.	Name of Contact Person Rosin	
1966 Hillv	Firm/Company iew Street	
Sarasota,	Flori@ddress34239	
	City/ State and Zip Code	
arosin@rosin1		
E-mail address: (to be used	d for future annual report n	otification)
For further information concerning this matter, please	call:	
Andrew W. Rosin	941	359-2604
Name of Contact Person		& Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Depart	ment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton E 2661 Ex	nent Section of Corporations

Articles of Amendment **Articles of Incorporation**

K. R. D., Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000095802

ent(s) to

(Document Number	r of Corporation (if k	nown)	·
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Flo	orida Profit Corporation	adopts the following amendn
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co	o". A professional corp	The ne rporated" or the abbreviatio oration name must contain th
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	able:		
(Frincipal Office address <u>MOST BE A STREET A</u>	(DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		<u> </u>
D. If amending the registered agent and/or reginew registered agent and/or the new register		s in Florida, enter the n	ame of the
Name of New Registered Agent			· ··
	(Florida street	t address)	_
New Registered Office Address:	(City)	, Flori	da (Zip Code)
	(5.0)		(with come)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		h and accept the obligati	ions of the position.
	CM Dtot-o-d 4-		

Signature of New Registered Agent, if changing

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 <math>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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP,T&D	Calvin W. Erb	2015 S. Tuttle Ave.
X			Suite B
Remove			Sarasota, F1 34239
2) Change	D	Kenneth R. Davis	3634 Webber Street
Add			Sarasota, F1 34232
X Remove			 ,
3) Change	D	William C. Davis	5050 N. Tamiami Trail
X			Sarasota, Fl 34234
Remove			
4) Change			
Add			
Remove			
5) Change			10 7
Add			
Remove			John Co
6) Change			
Add			
Remove			

If amending or	adding additional Ar	ticles, enter char	nge(s) here:		`e*
Attach addition	al sheets, if necessary).	(Be specific)			
		<u> </u>			
					
		•	<u>.</u>		
		· · · · · · · · · · · · · · · · · · ·			
				•••	
f an amendme	nt provides for an exc	change reclassifi	ication or canc	allation of issued s	hares
provisions for	implementing the am	endment if not c	ontained in the	amendment itself	:
(if not app	licable, indicate N/A)		.,,		_
	 	 	 		

The date of each amendment(s) adoption: date this document was signed.	, if other	than the
Effective date if applicable:		
(no more than 90 days after amendment file date)		
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		wat ging
by	. 1	S E
(voting group)	; ->	e e constitue
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		Fa Ta
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	. 12	
November 26, 2014		
Signature and Est		
(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)		
Calvin W. Erb		
(Typed or printed name of person signing)		
President		
(Title of person signing)		

.



November 10, 2014

ANDREW W. ROSIN, ESQ. LAW OFFICE OF ANDREW W. ROSIN 1966 HILLVIEW STREET SARASOTA, FL 34239

SUBJECT: K. R. D. INC. Ref. Number: P97000095802

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to Florida Profit Corporation section 607.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Letter Number: 114A00023968

Cheryl R McNair Regulatory Specialist II

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