# P970000 98545

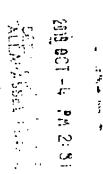
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### LONDON L. BATES LAW, P.A.

LONDON L. BATES, ESQUIRE Attorney-at-Law Certified Public Accountant London@LondonBatesLaw.com LESLEE J. WALLACH, ESQUIRE Attorney-at-Law Certified Public Accountant Master of Business Administration Leslee@LondonBatesLaw.com

#### October 3, 2019 VIA OVERNIGHT DELIVERY

Florida Secretary of State Division of Corporations Amendment Section P. O. Box 6327 Tallahassee, FL 32314

Re:

K and M Custom Cabinetry, Inc.

File Number P97000098545

Dear Sir/Madam:

Please find enclosed Articles of Amendment of the Articles of Incorporation of K and M Custom Cabinetry. Inc.

I have also enclosed a check in the amount of \$35.00 for the filing fee.

Please acknowledge receipt of this filing by returning a date-stamped copy of this letter in the enclosed, self-addressed stamped envelope.

Thank you for your attention to this matter.

If you should have any questions with respect to this matter, please do not hesitate to contact me.

Very truly yours. Landan L. Bath

London L. Bates

LLB:cak Enclosures SASE

cc:

Ronnie Wheelock (w/encl.)(via email only)

#### **COVER LETTER**

· · · · · · · · · · · · · · · · · · ·				,
•				
		COVER LETTER		
TO: Amendment Section Division of Corporations				
NAME OF CORPO	ORATION: K and M Custom C	Cabinetry, Inc.		
DOCUMENT NUM	A. A			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	London L. Bates, Esquire			_
		Name of Contact Person	n	
ι	London L. Bates Law, P.A.			
		Firm/ Company		
	P. O. Box 1213			<u> </u>
Address				
Dunedin, FL 34697				<u> </u>
		City/ State and Zip Cod	c	
roi	nnie@kmcabs.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
London L. Bates, E	-	727	734-8700	
Nam	e of Contact Person	at ( Area Co	) de & Daytime Telephone Numb	<del></del> per
Enclosed is a check	for the following amount made	oayable to the Florida Depa	irtment 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)	
Ai Di	mendment Section (vision of Corporations O. Box 6327	. Amend Divisio	Address ment Section on of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

·	Articles of Am	endment	, ~
	to Articles of Inco	enoration	
	of	poration	1973 By 1
K and M Custom Cabinetry, Inc.			
(Name o	of Corporation as currently	filed with the Florida Dept, of State)	
P97000098545			ં તે
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or "C	To". A professional corporation name	the abbreviation
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
			<del></del> ,
			<del></del>
C. Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST			<del> </del>
			<del></del>
D. If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the new	w registered office address:	·	•
Name of New Registered Agent	London L. Bates		
	1022 Main Street, Unit K		
	(Florida stre	et address)	
New Registered Office Address:	Dunedin	, Florida	698
New Registered Office Address.		City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	ith and accept the obligations of the pos	ition
i nereby accept the appointment as regist	erea agent. Tam jamina ni	im and accept the vollgations of the pos	***************************************
£	Cardant.	3 du	
		gistered 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 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	<u>PT</u>	John Doc	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P - D	Michael F. Carr	29 Citrus Drive
Add			Palm Harbor, FL 34684
x Remove			
2) Change	<u>v</u>	Donna K. Carr	29 Citrus Drive
Add			Palm Harbor, FL 34684
x Remove			
3) Change	P - V	Ronnie C. Wheelock	977-A Withlacoochee Street
x Add			Safety Harbor, FL 34695
Remove			
4) Change	т	Haleigh Wheelock	977-A Withlacoochee Street
x Add			Safety Harbor, FL 34695
Remove			
5) Change	<u>s</u>	Jessica Busek	977-A Withlacoochee Street
X Add			Safety Harbor, FL 34695
Remove			
<del></del>			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
			<u>.                                    </u>		
					<del> </del>
		<u>.</u>			
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassifica	tion, or cancellat	ion of issued s	hares,	
(if not applicable, indicate N/A)	idinent if not con	tallied in the siles		_	
			<u> </u>		
					<u>.</u>
		<u> </u>			

The date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
Effective date if applicable:	
ffective 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 locument's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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)	
(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 10.2.19	
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)	
Ronnie C. Wheelock	<u></u>
(Typed or printed name of person signing)	
President	

(Title of person signing)