## P9900021638

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	<del></del>
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JUL 13 2017 S. YOUNG



## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Anarak Corp.		
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Charles C. Kern		
•	·	Name of Contact Person	n
	Anarak Corp.		
•		Firm/ Company	
	15151 Technology Drive		
-		Address	
	Brooksville, FL 34604		
•		City/ State and Zip Cod	e
chuck	@kcontrols.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Charles C. Kern		at (	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

P990000;	29638 (Document Number of C	orporation (if known)			
ursuant to the provisions of section 607. s Articles of Incorporation:	.1006, Florida Statutes, this Flo	orida Profit Corporation adop	ots the foll	owing ame	endment(s) to
If amending name, enter the new na	ame of the corporation:				
					new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "Contion," or the abbreviation "P.,	". A professional corporation			
. Enter new principal office address, Principal office address <u>MUST BE A S</u>					
Enter new mailing address, if appl (Mailing address MAY BE A POST				-1	<u> </u>
		<u> </u>		<u> </u>	<u> </u>
			<u> </u>	= : 	
. If amending the registered agent an		s in Florida, enter the name	of the .	ب	:.
new registered agent and/or the new	w registered office address:			24	
Name of New Registered Agent	Charles C. Kern		: منات	 ඩ	
	15151 Technology Drive		<b>計</b>		
	(Florida street				
			, Florida 34604		
New Rouistered Office Address:	Brooksville		Jorida 3460		
New Registered Office Address:	Brooksville (Co	, F	lorida	(Zip Code)	
<u>New Registered Office Address:</u> 'ew Registered Agent's Signature, if c	(C	<i>y</i> ;	lorida 346	(Zip Code)	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S/T	Anne Rakucewicz	4578 Lake in the Woods Drive
Add			Spring Hill, FL 34607
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			**
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
· · · · <u>-</u> · ·	
	<del>-</del>
<u> </u>	

The date of each amendment(s) adoption:	_, if other 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 document's effective date on the Department of State's records.	not be listed 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.	
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)  John Rakucewicz	_
(Typed or printed name of person signing)	
President	

(Title of person signing)