S93339

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ROM Managemen	t, Inc.			
DOCUMENT NUMBE					
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
N	fichael Wahl				
_		Name of Contact Person	1		
V	Vice President of ROM Management, Inc.				
_		Firm/ Company	•		
4	08 Kelly Plantation Drive, U	Jnit 1411			
_		Address			
I.	Destin, FL 32541				
_		City/ State and Zip Code	2		
mwahl*	378@gmail.com				
	<u>-</u> -	sed for future annual report	notification)		
	•	•	,		
For further information	concerning this matter, plea	se call:			
Michael Wahl		at (850	508-3600		
Name of	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:		
\$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)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 massee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

KONT Wanagement, Inc.	
·	as currently filed with the Florida Dept. of State)
\$93339	N
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word "corpo" Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	408 Kelly Plantation Drive
(Principal office address <u>MUST BE A STREET ADDRE</u>	Unit 1411
	Destin. FL 32541
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	408 Kelly Plantation Drive
	Unit 1411
	Destin, FL 32541
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.	
	ce andress:
40 8 Vel	(Florida street address) Florida 3254/ (City) (City) (City) (City)
0	(Florida street address)
New Registered Office Address: 123	Florida 3237/
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
Signature	e 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 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 Doe				
X Remove	<u>v</u>	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						
Add		/				
Remove						
2) Change		- \				
Add						
Remove 3) Change						
Add		1				
Remove			<u> </u>			
4) Change		_	<u></u>			
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						
Page 2 of 4						
E. <u>If amending or addi</u> (Attach <i>additional sho</i>	ing addit eets, if ne	ional Articles, enter change(s) here: cessary). (Be specific)				

	
/	
1///	
	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	<u>.</u>
/ / / /	
Page 3 of 4	
The date of each amendment(s) adoption:	if other than th
date this document was signed.	
Effective date <u>if applicable</u> : (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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
` '	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were acceptation was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated November	25th, 2019	
Signature	Al Al	
` `	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Michael Wahl	
	(Typed or printed name of person signing)	
	Vice President of ROM Management. Inc.	
	(Title of person signing)	