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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPOR	RATION: <u>MOVING</u>	& struyu servic	es IM
DOCUMENT NUMI	BER:	\$ STAYWYU SERVIC	
	of Amendment and fee a		
Please return all corre	spondence concerning thi	s matter to the following:	
	Shove	e/ OVADIA ame of Contact Person	
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		OVIETMONI, COM If for future annual report notification)	
	n concerning this matter,		
Show Name of C	El OVADIA Contact Person	at (<u>454</u>) <u>549 50</u> Area Code & Daytime Tele	nd phone Number
		ade payable to the Florida Departr	
\$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)
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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

MOVINIE & STOWN Services INI

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	NA	The
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or th ame must contain the word "chartered," "pr	e designation "Corp," "Inc," or "Co	". A professional corporal
B. Enter new principal office address, if appears of the principal office address MUST BE A STREE		· •
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
. If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
		enter the name of the
new registered agent and/or the new reg		enter the name of the
new registered agent and/or the new reg	istered office address: (Florida street address)	, Florida
<u>Name of New Registered Agent:</u> New Registered Office Address:	(Florida street address)	
new registered agent and/or the new reg	(Florida street address) (City) ing Registered Agent:	, Florida (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)

<u>Title</u>	Name	Address	Type of Action
ecretary	Joseph Sasson	20340 NE 15ct N MUMI BOXN FL 33/74	☑ Add □ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. <u>If amendin</u> (a <i>ttach addi</i>	g or adding additional Articles, ente tional sheets, if necessary). (Be spec	r change(s) here:	
		•	
			
F. <u>If an amer</u>	ndment provides for an exchange, re	classification, or cancellation of issu	ued shares,
provisions (if not a	for implementing the amendment if applicable, indicate N/A)	not contained in the amendment it	self:

The date of each amendment(s) ad	loption: 37/18/1
`,	(date of adoption is required)
Effective date <u>if applicable</u> :	
(no i	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	
(votin	ng group) ."
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 09/02	111
Signature	
selected, I	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Showel WADIA (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PP
	(Title of person signing)