## P12000102410

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## **COVER LETTER**

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Tallahassee, FL 32301

TO: Amendment Section

Division of Corpo	orations			
	RATION: MOMMAS		PANY INC.	
DOCUMENT NUMI	BER: P1200010241	0		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	KAREN K. NICE			
		Name of Contact Person	n	
	MOMMAS MOVI	NG COMPANY	INC.	
		Firm/ Company		
	11232 ST. JOHN	S INDUSTRIAL	PKWY N STE 7	
		Address		
	<b>JACKSONVILLE</b>	, FL 32246		
		City/ State and Zip Cod	e	
mo	mmasmovingcom	nany@gmail.co	m	
1110	_	sed for future annual report		
	·	•	,	
For further information	n concerning this matter, pleas	se call:		
Karen K. Nice at (904 ) 696-6662				
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	
<u>Mai</u>	ling Address	<u>Street</u>	Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
	ahassee, FL 32314		Building executive Center Circle	
		2001 12		

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

MOMMAS	S MOV	JING.	COMPA	ANY	INC
TAI OTAILAN M		4 II 4 🔾	OCIVII /	71 4 1	1110.

MOMMAS MOVING COMPANY INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000102410	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendme its Articles of Incorporation:	nt(s) t
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(muning dudiess MAT BE ATOST OFFICE BOA)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent KAREN K. NICE	
11232 ST. JOHNS INDUSTRIAL PKWY N STE 7	
(Florida street address)	
10CKSON//11 E 32246	
New Registered Office Address: (City), Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing	1370
Signature by Ivew 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	V	KAREN K. NICE	11232 ST. JOHNS INDUS
Add			PKWY N STE 7
Remove			JACKSONVILLE, FL 3224
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<u>.                                    </u>		
, , , , , , , , , , , , , , , , , , , ,			
f an amendment provides for an excha	ge, reclassification, o	r cancellation of issued shares	<u>i.</u>
provisions for implementing the amend (if not applicable, indicate N/A)	<u>ment if not contained</u>	in the amendment itself:	
			· · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	<u> </u>
(no more than 90 days after amenament 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	
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.	
Dated MARCH 25, 2014	
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)	_
JASON P. NICE JASON Nice	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	