P150000044984

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000099117 3)))

H160000991173ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

```
To:
        Division of Corporations
        Fax Number      : (850)617-6380

From:
        Account Name    : EXPRESS CORPORATE FILING SERVICE INC.
        Account Number  : I20000000146
        Phone           : (305)444-4994
        Fax Number      : (305)444-4977

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address:_____
```

COR AMND/RESTATE/CORRECT OR O/D RESIGN
QUIK PAK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$35.00

APR 22 2016
C. McNAIR

Electronic Filing Menu   Corporate Filing Menu   Help

Articles of Amendment
to
Articles of Incorporation
of

QUIK PAK, INC.

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

P15000044984

(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:

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)

740 SW 47 AVE

MIAMI, FL 33134

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

740 SW 47 AVE

MIAMI, FL 33134

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:
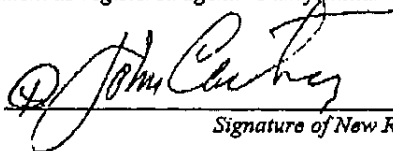
Name of New Registered Agent   CHANGE OF ADDRESS

740 SW 47 AVE

(Florida street address)

New Registered Office Address: MIAMI _____, Florida ___33134____
                                                         (City)   *(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

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) XX ___ Change ___ Add ___ Remove	P	CHANGE OF ADDRESS	740 SW 47 AVE MIAMI, FL 33134
2) ___ Change ___ Add ___ Remove			
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*).   *(Be specific)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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)

_____

_____

_____

_____

_____

_____

_____

04/20/2016
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)

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 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):*
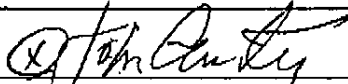
    "The number of votes cast for the amendment(s) was/were sufficient for approval

    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.

                04/20/2016
Dated_____

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 CASTRO
        _____
        (Typed or printed name of person signing)

        P
        _____
        (Title of person signing)