## P14000033058

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	ə #)
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SEP 1 **6** 2016

**C LEWIS** 

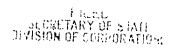
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CHARLOTTE MO	OVING CENTER INC	
DOCUMENT NUMBER: P16000033058		<del> </del>
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
NURSHOD GAZIEV		
<del></del>	Name of Contact Persor	1
CHARLOTTE MOVING CI	ENTER INC	
<del></del>	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
14727 CALUSA PALMS DI	• •	
	Address	
FORT MYERS, FL 33919		
	City/ State and Zip Code	2
nurihjghty78@gmail.com		
	sed for future annual report	notification)
	·	
For further information concerning this matter, please	se call:	
NURSHOD GAZIEV	at ( 239	233-6817
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 & 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 ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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CHARLOTTE MOVING CENTER INC

	ly filed with the Florida Dept. of State)
P16000033058	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	14726 CALUSA PALMS DRIVE, UNIT 104
Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT MYERS, FL 33919
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14726 CALUSA PALMS DRIVE, UNIT 104
	FORT MYERS, FL 33919
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	lress in Florida, enter the name of the
	lress in Florida, enter the name of the
new registered agent and/or the new registered office addres  Name of New Registered Agent	ress in Florida, enter the name of the s:
new registered agent and/or the new registered office addres  Name of New Registered Agent	lress in Florida, enter the name of the

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add		<del></del>		
Remove				
4) Change		-		
Add ,				
Remove				
5) Change				
Add		<del></del>		
Remove				
6) Change		<del></del>		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u>-</u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate $N/A$ )	nument is not contained in the amendment itsen.
· · · · · · · · · · · · · · · · · · ·	

	08/29/2016	
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		SEURE TARY OF STATE
	29/2016	HYISION OF CORPORATIOS
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	2016 SEP -9 AM 8: 4;
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the epartment of State's records.	nis date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendr ufficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following st reach voting group entitled to vote separately on the amendment(s)	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and share opted by the incorporators without shareholder action and sharehold	
08/29/201 Dated Signature <b>V</b>	6 M	
(By a select	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	NURSHOD GAZIEV	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	