## P1100058545

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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: STORGE & MOVING SErvices FNL
DOCUMENT NUMBER: P 12000 58545
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Storase & Mouing Services / D.B.A RYDER Moving and Storage Firm/Company
3000 NW 25th Ave STE 2 Address
Pom Pana beach FC 33069  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person  at (864) 202-0264 Fex 207  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status  (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

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1	
Articles of	Amendment
	to 75 Comment
Articles of I	Incorporation 18 App
	of Service 1/5 day
	ices Inc
(Name of Corporation as currently filed with the	Florida Dept. of State)
P 110000 58545	03/3
(Document Number of Corporation	(if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporat. Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	3000 NW DITH AVE
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Stell
	Ponparo beach fl 33069
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAMFZ
. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	2981
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address: (City	, Florida
(Cu)	у) (гір Соде)
ew Registered Agent's Signature, if changing Registered Ager	nt:
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of New Registered	d trant if changing
Signature of New Registered	u ngom, y onunging

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)	Title	Name	<u>Addres</u> s
1) Change	Coc	Jose Pino	7-750 NW 78+4 Ave
X Add			APT 316
Remove			TAMAMIC FL 33321
2) Change	<del></del>	***************************************	
Add			
Remove			<del></del>
3) Change			
Add			<del> </del>
Remove			
4) Change		_	
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change	<del> </del>		<del></del>
Add			
Remove			

Attac	th additional sheets, if necessary). (Be specific)	
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16 a	amondarent muscides for an auchanic malassification or assessible of	toured above
pro	amendment provides for an exchange, reclassification, or cancellation of visions for implementing the amendment if not contained in the amendme	nt itself:
	(if not applicable, indicate N/A)  A I A	
	10 1 <del>11</del>	
	·	
	<del></del>	

The date of each amendment(s)	adoption: $\frac{4/3/13}{}$
Effective date <u>if applicable</u> :	4/3/13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated 4	13/13
- Signature	Dohlod-
(By,	director, president or other officer - if directors or officers have not been
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)
	Joshur Socher
	(Typed or printed name of person signing)
	President
	(Title of person signing)