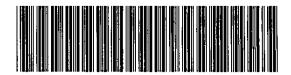
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	. MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Moving From and Relocation Inc DOCUMENT NUMBER: P 1000002561 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Clifferd Agnant
Hame of Contact Person moving From and Relocation Inc 3649 Park Lone
Address Hallandale JFL 33000 City/ State and Zip Code inf. Q + ransunited inc. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (855) 848-1005 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MOVING FROM AND RELOCATION INC

(Name of Corporation as curre		rida Dept. of State)	
P10000002561			
(Document Nun	nber of Corporation (if I	rnown)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Fa	orida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional corporation n	' or the abbreviation ame must contain the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2649 PARK LANE	TA HAR 31 PH 11: 4
		HALLANDALE,FL	
		33009	
D. If amending the registered agent and/or new registered agent and/or the new regi	istered office address:		
Name of New Registered Agent	IFFORD AGN		
<u>26</u>	49 PARK LAN		
New Registered Office Address:	(Florida stree	, Florida 330	09
	(City)	(2)	ip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a Signature	ing Registered Agent: agent. I am familiar wi		e position.

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	Р	CLIFFORD AGNANT	2649 PARK LANE
Add			HALLANDALE, FL
Remove			33009
2) Change			
Add			
Remove			-
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ch additional sheets, if necessa	l Articles, enter ch ary). (Be specific	ሃ		
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amendment provides for an	ı exchange, reclas	sification, or cance	llation of issued sha	res,
visions for implementing the	<u>amendment if no</u>	t contained in the 2	mendment itself:	
	/A)			
(if not applicable, indicate No				
(if not applicable, indicate N				
(if not applicable, indicate N				
(if not applicable, indicate N				
(if not applicable, indicate N				
(if not applicable, indicate N			,	
(if not applicable, indicate N				
(if not applicable, indicate N				
(if not applicable, indicate N			•	
(if not applicable, indicate N				
(if not applicable, indicate N				
(if not applicable, indicate N				

date this document was signed.	_, ii other than the
-\-\\\\	
Effective date if applicable: (no more than 90 days after amendment 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	
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 3/24/2014	
Signature	
(By a dreetor, 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)	-
CLIFFORD AGNANT	
(Typed or printed name of person signing)	-
PRESIDENT	_
(Title of person signing)	_