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12/12/17--01038--022 **35.00

R. WHITE DEC 15 2017



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MOVING SPECIA	LISTS, INC			
DOCUMENT NUMB	ER: P17000084725		· · · · · · · · · · · · · · · · · · ·		
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
	ANNA KARINA RUBIO				
-		Name of Contact Person	1		
	MOVING SPECIALISTS, INC				
-		Firm/ Company			
:	3155 SW 10TH STREET, SU				
-		Address			
į	DEERFIELD BEACH, FL 33	3442			
-		City/ State and Zip Cod	e		
LPINI	KOFF@GMAIL.COM				
	-	sed for future annual report	notification)		
For further information	concerning this matter, pleas		315-9489		
Name of Contact Person		at (at (de & Daytime Telephone Number		
	the following amount made				
\$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)		
Ame Divis P.O.	ing Address Independent Section Issued of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton 2661 I	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment

Tom I have been

Articles of Incorporation of

17 DEC 12 PM 3: 08

nt(s) to

its Articles of Incorporation:			
A. If amending name, enter the new name	ne of the corporation:		
name must be distinguishable and conta "Corp" "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "	Co". A professional corp	
B. Enter new principal office address, if	if annlicable:	3155 SW 10TH STREE	T, SUITE L
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		DEERFIELD BEACH, FL 33442	
C. Enter new mailing address, if applic		3155 SW 10TH STREE	T, SUITE L
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		DEERFIELD BEACH, FL 33442	
D. If amending the registered agent and new registered agent and/or the new			ame of the
	BERNARD M CASSIDY	_	
	200 S ANDREWS AVEN	UE, 9TH FLOOR	
-	(Florida str	reet address)	
New Registered Office Address:	FORT LAUDERDALE		, Florida 33301
		(City)	(Zip Code)

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 Doc 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 Doc			
X Remove	Y	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	P	JACQUELINE WILLOUGHBY	10740 NW 1ST STREET		
Add			PLANTATION, FL 33324		
Remove	P	MARIANNE ANTONIO	3155 SW 10TH STREET, SUITE L		
2) Change Add			DEERFIELD BEACH, FL 33442		
Remove 3) Change	VTS	ANNA KARINA RUBIO	3155 SW 10TH STREET, SUITE L		
XXX Add			DEERFIELD BEACH, FL 33442		
Remove					
4) Change					
Add					
5) Change			· · · · · · · · · · · · · · · · · · ·		
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
- MAN & MAN	
_	
f an amandmant provides for an each	nange, reclassification, or cancellation of issued shares,
an anichament provides for an exch	lange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the amer	endment if not contained in the amendment itself:
provisions for implementing the amer	endment if not contained in the amendment itself:
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provisions for implementing the amer	endment if not contained in the amendment itself:
provisions for implementing the amer	endment if not contained in the amendment itself:
provisions for implementing the amer	

12/11/2017	
The date of each amendment(s) adoption: date this document was signed.	_, if other than th
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 redocument's effective date on the Department of State's records.	not be listed as th
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)	
(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	
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)	
/ MARIANNE ANTONIO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	