P21000064900

(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phone	: #)
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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: APB LOGISTICS.	, INC.			
DOCUMENT NUM	BER: P21000064900				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Processing Department				
		Name of Contact Person	1		
	APB LOGISTICS, INC.				
		Firm/ Company			
	26025 MUREAU ROAD SUITE 120				
		Address	·		
	CALABASAS, CA 91302				
		City/ State and Zip Cod	e		
	Famail address: (to be up	sed for future annual report	notification)		
	E-man address. (10 be a.	sea for facult annual report	notification)		
For further information	on concerning this matter, plea	se call:			
PROCESSING DEPA	ARTMENT	at (<u>877</u>	692-6772		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

APB LOGISTICS, INC.

P21000	tly filed with the Florida Dept. of State) 064900		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	15992 Shoreline Dr		
(Principal office address MUST BE A STREET ADDRESS)	Punta Gorda, FL 33982		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JUL 20		
	P		
	PH 6:		
	32		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:		
Name of New Registered Agent			
(Florida str	reet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent			
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.		
Cimpany (N. 1			
Signature of New K Check if applicable	Registered Agent, if changing		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

bru 4153

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)

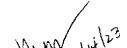
Please note the officer/director title by the first letter of the office title:

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> 171</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	oneş	
X Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PD	-	Mary Elizabeth Meloni	15992 Shoreline Dr
x Add				Punta Gorda, FL 3398
Remove				
2) X Change	TSD	_	Daniel John Meloni	15992 Shoreline Dr
Add				Punta Gorda, FL 3398
Remove 3) Change		,		
Add				
Remove				
4) Change		_		
Add		MA		
Remove				
5) Change		<i>-</i>		
Add				
Remove				
Change		_		
Add .				
Remove				



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n amendment provi	des for an exchange, reclas	ssification, or cancellat	tion of issued shares	
ovisions for impleme	enting the amendment if n	ot contained in the am	endment itself:	•
(if not applicable, is	naicate N/A)		,	
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	Nik			

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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated7	Mary Flingbeil Meloni	
(By a	i director, president or other officer – if directors or officers have n	
	cted, by an incorporator – if in the hands of a receiver, trustee, or of sinted fiduciary by that fiduciary)	ther court
	Mary Elizabeth Meloni	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	