

(Re	questor's Name)	
(Åd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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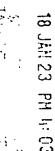


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R. WHITE JAN 2 4 2018



COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: $ \mathcal{E}_{x} $	pressit, Inc				
DOCUMENT NUMBER:	6928				
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning the	nis matter to the following:				
Carc	Name of Contact Person				
	xpressit Toc				
	Firm/ Company				
4544 1-)	Address Pocad				
Tallaha	255ee FL 32312				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Carol Cooper	- al (850) 545-3781				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	ce & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment



Articles of Inco	orporation	·	
of		18 JAH 23	PM 1.00
E. 2-20 L 20 - L	·		en 4: 63
(Name of Corporation as currently	Gled with the Florida Dent	of State) =	2.7
(Maine of Corporation as currently	THEO WITH OIL FIOLIDA DEPT	· On State	* 1: <u>\$</u>
G 26925	3		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit Corporation ad	lopts the following	amendment(s)
A. If amending name, enter the new name of the corporation:			
expressit Inc			The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corpora	rated" or the abb ition name must co	previation intain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	_D/A		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
			
			<u> </u>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		ne of the	
Name of New Registered Agent N/			
1			
(Florida stre	vet address)		
١٠			
New Registered Office Address: \ / \	·C1:	Florida	
. (City)	(Zip Co	de)
Name of New Registered Agent Name of New Registered Agent			de)
New Registered Agent's Signature, if changing Registered Agent;			
hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations	s of the position.	
Signature of New Re	egistered 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 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	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIA		
Add			
Remove			
2) Change	NA		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

Attach	ding or adding additional Articles, enter change(s) here: udditional sheets, if necessary), (Be specific)	
	N/A	
	A/A	
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		-
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_		
<u>t an ai</u> provis	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:	
(ij	not applicable, indicate N/A)	
	N/A	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required. 	
Signature (By a director, president or other officer if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
DPT	
(Title of person signing)	