N0400005967

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(Address) (City/State/Zip/Phone #)	
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SECRETARY OF STATE STALLAHASSEE, FLORIDA

APR 2 8 2014

C. CARROTHERS

COVER LETTER

TO:	Antendment Section
	Division of Corporations

Division of Corpo	rations		
	ATION: Night Runn		s Services, Inc.
DOCUMENT NUMB	_{ER:} N0400000596	57	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Evelyn Abrueo		
_		Name of Contact Person	•
_	Night Runners M		rices, Inc.
	4004 North Florid	Firm/ Company	
-	4801 North Floric		
	Hernando, FL 34	Address	
-	riemando, FL 32	City/ State and Zip Cod	Α
•		•	
cris	shelp@nightrunr		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Evelyn Abrue	0	at (352	_{_)} 418-1146
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)
Amer Divis P.O. 1	ing Address Idment Section Idment Se	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of

Total Comments

14 APR 21 AM 9: 36

(Name of Corporation a	s currently filed with	the Florida Dept. of State) THE THINGS OF THE OF	ċξιĄ
N04000005967			
(Docume	nt Number of Corporat	ion (if known)	
Oursuant to the provisions of section 607 ts Articles of Incorporation:	'.1006, Florida Statutes.	, this Florida Profit Corporation adopts the following	amendmer
A. If amending name, enter the new n	ame of the corporatio	<u>n:</u>	
N/A			The new
	nation "Corp," "Inc,"	•	
B. Enter new principal office address,		N/A	
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS)		
C. Enter new mailing address, if appl	licable:	NI/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
		N/A	
		N/A	
		N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX) ad/or registered office	address in Florida, enter the name of the	
O. If amending the registered agent an new registered agent and/or the new	OFFICE BOX) ad/or registered office	address in Florida, enter the name of the	
(Mailing address MAY BE A POST D. If amending the registered agent ar	OFFICE BOX) nd/or registered office w registered office ad-	address in Florida, enter the name of the	
O. If amending the registered agent an new registered agent and/or the new	nd/or registered office w registered office add	address in Florida, enter the name of the dress:	
(Mailing address MAY BE A POST D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office w registered office add	address in Florida, enter the name of the	
O. If amending the registered agent an new registered agent and/or the new	nd/or registered office w registered office add N/A (Flori	address in Florida, enter the name of the dress: da street address) Florida	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office w registered office add N/A (Flori	address in Florida, enter the name of the dress:	
(Mailing address MAY BE A POST D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent	nd/or registered office w registered office add N/A (Flori	address in Florida, enter the name of the dress: da street address) Florida	
O. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent New Registered Office Address:	nd/or registered office w registered office add N/A (Flori	address in Florida, enter the name of the dress: ida street address) Florida	
O. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if c	nd/or registered office w registered office add N/A (Flori	address in Florida, enter the name of the dress: ida street address) Florida	

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>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific) Section 8. Dissolution
Upon dissolution of the organization, assets shall be distributed for one or more exempt
purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or
corresponding section of any future federal tax code, or shall be distributed to the
federal government, or to a state or local government, for a public purpose. Any such
assets not disposed of shall be disposed of by a court of competent jurisdiction in the
county in which the principal office of the organization is then located, exclusively for
such purposes or to such organization or organizations, as said Court shall determine,
which are organized and operated exclusively for such purposes.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) adoption: N/A date this document was signed.	_, if other than the
Effective date if applicable: N/A	
(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" (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 April 17, 2014 Signature acelyn Obued	
(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)	-
Evelyn Abrueo	
(Typed or printed name of person signing)	-
Vice-President Vice-President	_
(Title of person signing)	
TALLAHAS SEE, HOPPA	14 APR 21
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