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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Specedy Courier Service, Inc.

DOCUMENT NUMBER: P020000 36047 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fatima Nascone
Name of Contact Person

Specedy Counter
Firm/ Company 8000 To Wers Crescent Dr. # A-150
Address
Vienna VA 22112.
City/ State and Zip Code fnascone @ yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (703) 2317000

Area Code & Daytime Telephone Number Fatima Nascone
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to Articles of Incorporation

of	por anomaly and a second secon	
speeedy o	courier service, Inc.	
(Name of Corporation as currently)	filed with the Florida Dept. of State)	
90200	00 36047	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flaits Articles of Incorporation:	orida 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,"	The new	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	III N. Orange Ave	
(Principal office address MUST BE A STREET ADDRESS)	Suite 800 onando, Fr 32801	
	onando, Fr 32801	
C. Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BOX)	8000 Towers Crescent Dr.	
	#A-150	
	vienna va 22/82	
	VIETIVIA MA ZZI8Z	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent Kenn Smith		
111 N. Oran	ge Ave #800	
0.1anda		
The regulation of the read .	. Florida 32801 (ity) (Zip Code)	
,,	in, (Eq. Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.	
jan in smi	'n	
Signature of New Reg	istered 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	<u>PT</u>	John Do	<u>ie</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>\$V</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	nla	Address
1) Change					
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add	•	_			
Remove					
6) Change		_			
Add					
Remove					

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(if not applicable, indicate N/A)	ion of issued shares,
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	7/7/17	
Effective date <u>if applicable</u> :	1[7][7] (no more than 90 days afte	r amendment file date)
Note: If the date inserted in this be document's effective date on the De		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of flicient for approval.	f votes east for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separ	
"The number of votes cast	for the amendment(s) was/were sufficier	n for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareh	older action and shareholder
Dated7	17/17	
Signature	500	
selecte	irector, president or other officer – if dir d, by an incorporator – if in the hands of ted fiduciary by that fiduciary)	
	Simin Mijallal	, <u> </u>
	president	signing)
	(Title of person s	signing)