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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: _____ BC Mozing and Storage, Inc PO20000 76 445 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: May S. S. // www.
(Name of Contact Person) B(Moving and Storage, Inc.
(Firm/Company)

741 A US 17/92

(Address) De Bary, FC 327/3
(City/ State and Zip Code) Be Moving @ Bellson thone f
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary S. S. II.va. at (386) 668-8200 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

13 DEC 16 PH 4: OC SECRETARY OF STAN

Articles of Amendment to Articles of Incorporation of

BC Moving and S	Storage Inc.	
(Name of Corporation as currently filed with the Flor	······································	
PO20000 76 4	445	
(Document Number of Con	orporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the corporation	on:	
	The n	ew
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc	"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
•		
-		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office ad		
Name of New Registered Agent: Crain K	Berry	
741 A	US 17/92	
	Florida street address)	
New Registered Office Address:		
DeBar	Florida 327/3	
(City)	Florida 327/3 (Zip Code)	
New Registered Agent's Signature if changing Registered A	Agent:	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	Agent: niliar with and accept the obligations of the position.	77
Chand	ASS 16	
		, ,
Ps	Page 1 of 4	****

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 X Remove X Add	V <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Churles Henshall	POBOX 470852 Le Ke Monroe, FC 32747
2) Change Add Remove	<u></u>	Diane Henshall	74/ A US 17/92 De Bary, FC 327/3
3) Change Add Remove			
4) Change Add Remove			SECRETAL AND SECRE
5) Change Add Remove			TARY IN SIZER
6) Change Add			
Remove		Page 2 of 4	

attach additiona	l sheets, if necessar	y). (Be specific)	ige(s) here:		
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The date of each amendment(s) date this document was signed.	adoption: 12/10 / 20/ 3	, if other than the
Effective date if applicable:	12/10/13	.
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.	
☐ There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated	1/10/13	
Signature 🕢		
	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or	
	t appointed fiduciary by that fiduciary)	
	Mary S. Sullivan	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	