## P030000033692

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MAIL BOX COMPANY OF FLORIDA, I?	NC.
DOCUMENT NUMBER: P03000033692	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
<u>JACQUELINE E. CANNAVAN, ESQ.</u> Name of Contact Perso	n
JACQUELINE E. CANNAVAN, PA	
Firm/ Company	
2699 STIRLING ROAD, SUITE C 303	
Address	
FT. LAUDERDALE, FL 33312	
City/ State and Zip Cod	le
jecannavanpa@gmail.com  E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please call:	
Jacqueline E. Cannavan, Esq. at (954) 272-206	
Name of Contact Person Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Dep	artment of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Certificate of Status Certified Copy (Additional copy is enclosed)	Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee Tallahassee,
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MAIL BOX COMPANY OF FLORIDA, INC.					
(Name of Corpor	ation as currentl	y filed with the Florida	Dept. of State)		
P03000033692					
(Doc	cument Number o	f Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	rida Statutes, this	Florida Profit Corporati	ion adopts the follo	owing ame	ndment(:
A. If amending name, enter the new name of th	e corporation:				
N/A				The r	new nam
must be distinguishable and contain the word "corp or Co.," or the designation "Corp," "Inc," or "Co "professional association," or the abbreviation "P	". A professional			on "Corp.,	"Inc.
B. Enter new principal office address, if applica	able:	N/A		7 4:0	• •
(Principal office address <u>MUST BE A STREET A</u>	DDRESS )		• ,	- V	~
			·. ÷-	- 1/3	—
				<u>.                                    </u>	
C. Enter new mailing address, if applicable:				6: 20	;
(Mailing address <u>MAY BE A POST OFFICE</u> )	<u>BOX</u> )	N/A			<del></del>
				<del></del> _	
D. If amending the registered agent and/or regi			ne name of the		
new registered agent and/or the new register	ed office address	<u>s:</u>			
Name of New Registered Agent	<u>N/A</u>				
	(Florida str	cet addressi	<del> </del>	<del></del>	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
New Registered Office Address:		(City)	Florida	(Zip Code)	
		(Cily)	'	(zip Coae)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			ations of the positi	ion,	
	•	2 3 3 3	,,		
	N/A				
Si	gnature of New Re	rgistered Agent, if chang	ing ———		

Check if applicable

 $<sup>\</sup>square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 = Cl. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John D</u>	doe_	
X Remove	<u>V</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	Vice Pro	esident	BRYAN EDELSTEIN	 P.O. Box 12021, Gainesville, FL 3260-
X Add				
Remove				
2) Change		*		 
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				 _ <del></del>
Add				
Remove				
5) Change	<u></u>			 
Add				
Remove				
6) Change				 
Add				
Remove				

additional	sheets, if necessar	v). (Be specific,	)				
N/A							
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	ndment provides (		he amendment				
amename	it itsen:	он аррасате, та	псане 1872 )				
•							
						<u> </u>	

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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: October 28, 2020
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
XXX The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
X by h A "
(voting group)
Dated10 28 2020.
Dated $0/28/2020$ .  Signature $Susaa$ Ed.
(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)
SUSAN EDELSTEIN  (Typed or printed name of person signing)
President
(Title of person signing)