P0300090828

| (Re | equestor's Name) | | |
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| (Cir | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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MA 10/27

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF C | CORPORATION: | AMERICA M | OVING, MOVING AME | RICA INC. |
|--|------------------------|--|--------------------------|---|
| DOCUMEN' | T NUMBER: P03 | 000090828 | | |
| The enclosed | Articles of Amenda | nent and fee are | submitted for filing. | |
| Please return | all correspondence | concerning this r | natter to the following: | |
| | CECILIA M. CH | | | |
| | | (Name of C | Contact Person) | |
| | AMERICA MO | VING, MOV | ING AMERICA INC. | |
| | | (Firm/ | Company) | |
| | P.O. BOX 5214 | 4 | | |
| | | (A | ddress) | |
| | NAVARRE, FL | 32566 | | |
| | | (City/ State | and Zip Code) | |
| For further in | formation concernir | ng this matter, ple | ease call: | |
| | . CHAMPENOIS | | _at (_850) 699-53 | |
| | (Name of Contact Perso | on) | (Area Code & Daytim | e Telephone Number) |
| Enclosed is a | check for the follow | ving amount: | | |
| □\$35 Filing Fe | | ling Fee & e of Status | | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| | ng Address | | Street Address | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | |
| P.O. Box 6327 | | Clifton Building | | |
| Tallahassee, FL 32314 | | 2661 Executive Center C Tallahassee, FL 32301 | ircle | |

Articles of Amendment to Articles of Incorporation of

AMERICA MOVING, MOVING AMERICA INC.

(Name of corporation as currently filed with the Florida Dept. of State)

THE WILL SHA

P03000090828

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

| (continued) |
|--|
| |
| N/A |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/ |
| (Attach additional pages if necessary) |
| |
| 1760 WEST NINTH STREET; POMONA, CA 91766 |
| 10. ADD OFFICER: CECIL T. CHAMPENOIS; VICE PRESIDENT; |
| 3. CHANGE MAILING ADDRESS: P.O. BOX 5214; NAVARRE, FL 32566 |
| ROAD; FORT WALTON BEACH, FL 32547 |
| 2. CHANGE PRINCIPAL PLACE OF BUSINESS: 161 NW RACETRACK |
| 10. REMOVE OFFICER: MUMMAH, RONNIE; VICE PRESIDENT |
| <u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>) |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| |

| The date of | f each amendmen | t(s) adoption: 10/21/05 |
|-------------|---------------------------------------|---|
| Effective d | ate if <u>applicable</u> : | 10/21/05 |
| | | (no more than 90 days after amendment file date) |
| Adoption o | f Amendment(s) | (CHECK ONE) |
| | , , | was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. |
| f | | was/were approved by the shareholders through voting groups. The it must be separately provided for each voting group entitled to vote imendment(s): |
| | "The number o | f votes cast for the amendment(s) was/were sufficient for approval by |
| | | (voting group) |
| | | was/were adopted by the board of directors without shareholder action tion was not required. |
| | The amendment(s) hareholder action | was/were adopted by the incorporators without shareholder action and was not required. |
| | selec | director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| | CE | CILIA M. CHAMPENOIS |
| | | (Typed or printed name of person signing) |
| | PR | ESIDENT |
| | M-1 | (Title of person signing) |

FILING FEE: \$35