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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. 128/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: PLANET F	REIGHT SERVICES	, FNC.	
DOCUMENT NUMBER: PO4000109171				
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
		A		
	MARCO	Name of Contact Person	1	
	DLA	IET FREIBLT SER	rices, Fall.	
_		Firm/ Company		
	1705	NW 79 AV. Address		
		Address		
	700	al 54 73126		
		City/ State and Zip Code	2	
	MARCO	e PUNESFACIONS sed for future annual report	ENVIUS. WAY	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
	.,			
MARCO A.	OLIVEIRA	at (1 471-1010	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)	
	ng Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	ox 6327		Building	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



15 JAN 26 PM 2: 45

(Name of Corporation as currently filed with the Flo	
	WI SERVICES, FAC. POHOCO10817
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MA3 comportation	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N /A
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	zt address)
New Registered Office Address:	. Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent	

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>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
_				
6) Change		_		
Add				
_ Remove				

E. <u>If amending or adding additional Articles, enter change(s) here</u> :				
	ional sheets, if necessary).	(Be specific)		
n/A				
<u>-</u>				
	· ··· · · · · · · · · · · · · · · · ·			
	**			
. <u>If an amendi</u>	<u>ment provides for an exch</u>	nange, reclassification, or cancellation of issued shares,		
provisions f	for implementing the ame	ndment if not contained in the amendment itself:		
	applicable, indicate N/A)			
NIA				
-, 4				
<u> </u>				
				
		1		

The date of each amendment(s) adoption:date this document was signed.	FILED SECRETARY OF STATE DIVISION OF CORFORATION:	, if other than the
Effective date if applicable: (no more than 90 a		
Adoption of Amendment(s) (<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by the shareholders. The moby the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to the proper entitled to the proper entitled to the proper entitled to the proper entitled to the p		
"The number of votes cast for the amendment(s) was/were s	sufficient for approval	
by(voting group)	.,,	
(voting group)		
The amendment(s) was/were adopted by the board of directors wi action was not required.	ithout shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators withou action was not required.	it shareholder action and shareholder	
Dated 01/21/15		
Signature		
(By a director, president or other officer selected, by an incorporator – if in the happointed fiduciary by that fiduciary)	r – if directors or officers have not been hands of a receiver, trustee, or other court	
MARIO A.	. Di. 16 B	
(Typed or prin	nted name of person signing)	
PWZS106NT		
(Title	of person signing)	