# P05000078045

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORA	ITION: ALLIGATO	R PACK AND S	HIP, INC.
DOCUMENT NUMBE	R: P05000	078045	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this mu	tter to the following:	
_	MARK S. 1	Ackelver Name of Contact Person	1
	ALLIGATOR PA	CK AND SHIP	INC.
_		Firm/ Company	
	4200 SEBRIN	G PARKWAY	
_		Address	
		City/ State and Zip Code	)
	F-mail address: (to be us	sed for future annual report	notification)
	E-mail address. (to be dis	sed for fatale alimaar report	nouncation)
For further information of	concerning this matter, pleas	se call;	
		• -	
JAYID F. SCH	tUMACHER Contact Person	at ( <u>863</u>	_) <u>402-1888                                  </u>
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	rtment of State:
☐ \$35 Filing Fee	✓S43.75 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)
Ameno Division	ng Address  Import Section on of Corporations ox 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301



#### Articles of Amendment Articles of Incorporation

### ALUGATOR PACK AND SHIP, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

## P0500078045 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment

its Articles of Incorporation:		
A. If amending name, enter the new nar	ne of the corporation:	
		The nev
	tin the word "corporation," "company," or tion "Corp," "Inc," or "Co". A professional ion," or the abbreviation "P.A."	
B. Enter new principal office address, if (Principal office address MUST BE A ST		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		
D. If amending the registered agent and new registered agent and/or the new	/or registered office address in Florida, enter registered office address:	the name of the
Name of New Registered Agent	MARK S. McKELVEY	
-	4223 SHAD DRIVE (Florida street address)	
New Registered Office Address:	SEBRING (City)	, Florida_33870 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	SV Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	<u> </u>	DAVID C GIBSOH	123 SWALLOW AVE	
Add			SEBRING, FL 33870	
Kemove				
2) Change	7	LAURA GIBSON	123 SWALLOW AVE	
Add			SEBRING, FL 33870	
K Remove				
3) Change	05	MARK S. McKELVEY	4223 SHAD DRIVE	
X Add			SEBRING, FL 33870	
Remove				
4) Change				
Add				
Remove				
5) Change			<u> </u>	
Add				
Remove				
6) Change				
Add				
			-	
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	200 <u>- 200 - 20</u>
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NA	
( .	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
ind more than 20 days tyter amenament file dates	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_ 8/17	
Signature Alla XIIII	
(By a director, president or other officer - if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
LWRAK 61850H	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	