P04000011573

(Re	questor's Name)	
(Ad	dress)	
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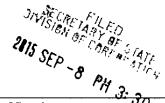
TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	MOVERS CORP	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Gissel Ellington		
		Name of Contact Person	
	STRESS LESS MOVERS	CORP	
		Firm/ Company	
	5491 NW 15th. Street Suit	e 14	
		Address	
	Margate, Florida, 33063		
		City/ State and Zip Code	*
flavio	070871@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Flavio Lambruschin	i	at (543-3231
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
Am	iling Address endment Section ision of Corporations	Amend	Address ment Section n of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



STRESS LESS MOVERS CORP.

P09000011573	Corporation as curren	tly filed with the Florida Dept. of State)	
\$ 1500 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name	e of the corporation:		
N/A		The new	
	on "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5491 NW 15th. Street Suite 14	
		Margate, Florida, 33063	
C. Enter new mailing address, if applica		5491 NW 15th. Street Suite 14	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		Margate, Florida, 33063	
D. If amending the registered agent and/	or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new r			
Name of New Registered Agent	/A		
	I/A		
	(Florida :	street address)	
New Registered Office Address:	/A	. Florida	

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)

Remove

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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PCEO		FLAVIO LAMBRUSCHINI	5491 NW 15th. Street
X Add				Suite 14
Remove				Margate, Florida, 33063
2) X Change	VST	_	GISSEL ELLINGTON	5491 NW 15th. Street
Add				Suite 14
Remove				Margate, Florida, 33063
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				6-7-6-1
6) Change			402	
Add				

	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	IN I A
	
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provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
	$ \wedge$ \wedge \wedge

The date of each amendment(s) as date this document was signed.	option:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	ited by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	sted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	sted by the incorporators without shareholder action and shareholder
	2/2015
DatedSignature	Sunfin
(By a d	rector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)
	GISSEL ELINGTON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)