Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001079043)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160

Phone Fax Number : (800)494-3124 : (561)455~9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

COR AMND/RESTATE/CORRECT OR O/D RESIGN

3 POINT EXPRESS INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

H100001079043

Articles of Amendment to Articles of Incorporation of

3 POI	NT EXPRESS INC	
(Name of Corporation as cu	rrently filed with the Florida Dept. of Stat	e) 55 3
	110000027202	7
	10000037208 Jumber of Corporation (if known)	——- స్ట్రేజ్ల్ల్ చ
•	• •	
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc.		Corporation adopts the
A. If amending name, enter the new name	e of the corporation:	6
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation no association," or the abbreviation "P.A."	and contain the word "corporation," .," "Inc.," or Co.," or the designation "Come must contain the word "chartered,	Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STR)		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o new registered agent and/or the new re		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan- I hereby accept the appointment as register position.	ging Registered Agent: red agent. I am familiar with and accept	the obligations of the
_	Signature of New Registered Agent, if change	ging

H1000D1079043

removed at	g the Officers and/or Directors, enter nd title, name, and address of each Of itional sheets, if necessary)		rector being
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>coo</u>	CHARLIE C SAWYER	6845 NARCOOSSEE RD. STE 54 ORLANDO FL 32822	☑ Add ☐ Remove
-	· · · · · · · · · · · · · · · · · · ·		Add Remove
-			☐ Add ☐ Remove
	ling or adding additional Articles, en dditional sheets, if necessary). (Be sp		
provisio	nendment provides for an exchange, ions for implementing the amendment of applicable, indicate N/A)		
	p	age 2 of 3	

May 0	3 00 02:45p	A1a Incorporation		13056752811	p.4
	?				
:•			May 02 0040	H100	001079043
	The date of	f each amendment(s) a	doption: <u>May 03, 2010</u>		
	Effective d	ate <u>if applicable</u> :	more than 90 days after amendm		
		(no) more than 90 days after amendm	ent file date)	
	Adoption o	f Amendment(s)	(CHECK ONE)		
		endment(s) was/were ac hareholders was/were s	lopted by the shareholders. The mufficient for approval.	umber of votes cast for the ame	ndment(s)
			proved by the shareholders throug reach voting group entitled to vot		
	"Th	e number of votes cast	for the amendment(s) was/were su	afficient for approval	
	by			,n 	
		(יסי	ing group)		•
		endment(s) was/were advas not required.	lopted by the board of directors wi	thout shareholder action and sk	ıareholder
		endment(s) was/were advas not required.	opted by the incorporators withou	t shareholder action and shareh	older
		Dated <u>05/03/20</u>	010		
		Signature	K. S. Shel		
		selected	rector, president or other officer – by an incorporator – if in the hand induciary by that fiduciary)		
		<u>.K</u> :	alpesh Shah	6	
			(Typed or printed name o	r person signing)	

Page 3 of 3

(Title of person signing)

President