Division of Corporations Electronic Filing Cover Sheet

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.

(((H230000019893)))



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 : FASTKIT CORP Account Number : I20103000009

Phone : (305)599-0839

Fax Number : (305)592-9591

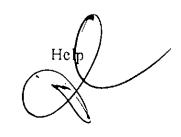
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MPK LOGISTICS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

https://efile.sunbiz.org/scripts/efilcov/.exe



## Articles of Amendment to Articles of Incorporation of

(Name of Corpore	ation as currently filed with the Florida Dept. of State)	<del></del> -
210000052026	and as carrestly raca with the Fibrida Debr. (il State)	
(Doc:	ument Number of Corporation (if known)	
	•	
ursuant to the provisions of section 607.1006, Flori s Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following	; amendment
If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the word " Inc.," or Co.," or the designation "Corp," "Inc chartered." "professional association," or the abb.	corporation," "company," or "incorporated" or the abbreviation, or "Co". A professional corporation name must contain reviation "P.A."	the word
Enter new principal office address, if applicab rincipal office address MUST BE A STREET AD	DRESS)	2/1/2
		نتن ــــــــ
		3
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE B	ox)	<del>-0</del> ,
		2: 23
		_ ပိပိ
If amending the registered agent and/or registe	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	,	
THE MEDICAL COMMENTAL STATES	(City) Florida Ziu Cod	del
	(Zip Cod	ie)
<b>P</b> 1		
w Registered Agent's Signature, if changing Reg	zistered Agent: I am familiar with and accept the obligations of the position.	
was to the mouppointment to regularize agent.	Tum jumiliar with and accept the octigations of the position.	
	<del></del>	

Check if applicable

<sup>■</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 Saily Smith, SV as an Add.

Example:

X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Adáre</u> ys
i) Change			
Add			20
Remove			2023 JAH
2) Change	<del></del>		
Add			<del>ီ</del> ယ
Remove Change			
Add			<u>'\delta</u>
Remove			
4) Change			•
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary). CORPORATE PURPOSE:	(Be specific)	
FREIGHT FORWARDING		
EXPORT CARGO SERVICES		
		<del></del>
		-23
*		ر (202
······································		JAI -
		_ <u>ယ</u>
<u></u>		7
	<u> </u>	7.
F. If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:	
		_ <b>-</b>
		<b></b>

- 1

	e this document was signed.		, if other than the
Effe	ective date <u>lf applicable</u> :		
		(no more than 90 days after amendment file date)	
Not coe	e: If the date inserted in this blo ument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	
Ado	option of Amendment(s)	(CHECK ONE)	,
<b>₽</b> 1	The amendment(s) was/were adoptetion was not required.	ted by the incorporators, or board of directors without shareholder action and	d shareholder
□.†	The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) Telent for approval.	** Q
□:T	The amendment(s) was/were appro	oved by the shareholders through voting groups. The following statement	207
		or the amendment(s) was/were sufficient for approval	7023 JAN -3
	"The number of votes cast fo	ach voting group entitled to vote separately on the amendment(s):	ω .
	"The number of votes cast for by	or the amendment(s) was/were sufficient for approval	
,	"The number of votes cast for by	or the amendment(s) was/were sufficient for approval  (voting group)	3 PH
,	"The number of votes cast for by	(voting group)  (voting group)  (voting group)  (voting group)  ctor, 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	3 PH
	"The number of votes cast for by	(voting group)  (voting group)  (voting group)  ctor, 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 infiduciary by that fiduciary)	3 PH