Florida Department of State

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.

(((H14000122966 3)))



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 : JOHN M WICKER PA Account Number : I20070000104 : (239)939-2222 Phone Fax Number : (239)939-2280

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

LAW CRW, COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN GULF COAST DELIVERY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

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

Corporate Filing Menu

Help

MAY 28 2014

T. CARTER

costello roystonswic Filed Page 02/05

SECTIONARY OF STATE
TALL FOR CE ORIDA

H14000122966 3

14 MAY 27 AH 10: 05

Articles of Amendment to Articles of Incorporation

GULF COAST DELIVERY, INC.		
(Name of Corporation as currently filed with the Flor	rida Dent, of State)	
P10000084275		
(Document Number of Corporation (if k	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation:	Iorida Profit Corporation adopts the following ame	endment(s) to
A. If amending name, enter the new name of the corporation:		
	The	new
name must be distinguishable and contain the word "corporation. "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable:	o". A professional corporation name must conta	iation in the
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	est in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	et 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 with	ith and accept the obligations of the position.	
Signature of New Registered Ag	gent, if changing	

Page 1 of 4 414000112 9667

H14.000122966 3

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>D</u> E			
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>5V</u>	Saily Smith				
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) Change	VP		JAMES WADDELL			
Add						
Remove						
2) Change	DPS	<u>T</u>	MARK HORN	8420 ISLE COURT		
Add				APT 15301		
Remove				SARASOTA, FL 34243		
3) Change		_		<u> </u>		
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add		_				
$\overline{}$						
Remove						

Page 2 of 4 H14000 122 966 3

H14000 122965 3

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
NOT APPLICAB		(====			
	<u></u>	·		· · · · · · · · · · · · · · · · · · ·	
	<u></u>		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			· · · · · ·	
		<u></u>	<u> </u>		
					<u> </u>
			_ 		
				- · · -	
	_				
			_		
		·			
	-		<u> </u>	<u></u>	
				,	_
provisions for im	provides for an exclude in the amu	nange, reciassific endment if not co	ntained in the am	tion of issued shar rendment itself:	<u>.c.,</u>
(if not applica	able, indicate N/A)				
N/A				· 	
		· · · · · · · · · · · · · · · · · · ·			
		·			
	-				·

H14000172966 3

The date of each amendment(s) so	Joption: 5/24/2014	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved 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	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated <u>5/24/14</u> Signature	M. Salel	
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	JAMES WADDELL	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	_