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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	GULF COAST DE	LIVERY, INC.	
DOCUMENT NUMBER: P	10000084275		
The enclosed Articles of Ame		bmitted for filing.	
Please return all corresponder	ce concerning this mat	ter to the following:	
JO AN	N M. KOONTZ, ESQ.		
		Name of Contact Person	1
KOON	TZ & ASSOCIATES,	PL	
		Firm/ Company	
1819 M	IAIN STREET, SUITI	E 910	
		Address	-
SARAS	SOTA, FL 34236		
174 - 184 - 1 - 114		City/ State and Zip Code	·
JOANN@KG	OONTZASSOCIATES	сом	
E	mail address: (to be us	ed for future annual report	notification)
For futher information conce	rning this matter, pleas	e call:	
JO ANN M. KOONTZ, ESQ.		at (941) 225-2615 de & Daytime Telephone Number
Name of Conta	act Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	Howing amount made p	payable to the Florida Depa	
-	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)
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Amenc Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Securive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

GULF COAST DELIVERY, INC.			
<u></u>	s currently filed with the Florida Dept. of State)		
P10000084275			
(Document)	Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006. Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corpor	ration:		
	The new		
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "I word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."		
B. Enter new principal office address, if applicable:	33 BEACONSFIELD ROAD		
(Principal office address MUST BE A STREET ADDRES	ST. MARGARETS, TWICKENHAM		
	LONDON, TWI 3IIX, UK		
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	33 BEACONSFIELD ROAD		
	ST. MARGARETS, TWICKENHAM		
	LONDON, TWI 3HX, UK		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office			
Name of New Registered Agent JO ANN M. KO	ONTZ, ESQ		
	1819 MAIN STREET, SUITE 910		
	(Florida street address)		
New Registered Office Address: SARASOTA	Florida 34236		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position.		
Lo ann 7	M. Koork		
Signature Signature	e 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>y</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
X Change	V	MARK HORN	6122 TURNBURY PARK DRIVE	
Add			APT 9302	
Remove			SARASOTA, FL 34243	
2) Change	DP	CAROLYN CLARK	33 BEACONSFIELD RD.	
X Add			ST. MARGARETS, TWICKENHA	
Remove			LONDON, TWI 3HX, UK	
B) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	~~ ~~~			
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
and an area and an area and area area.	
 	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Ambient is not considered in the amendment users
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) addite this document was signed.	doption: if other than the
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	block does not meet the applicable statutory filing requirements, this date will not be listed as the spartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were se	opted by the shareholders. The number of votes cast for the amendment(s) afficient 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)
	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
JANUARY Dated	20, 2016
Signature	Closk
(By a d selecte	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)
	CAROLYN CLARK
	(Typed or printed name of person signing)
	DIRECTOR AND PRESIDENT
	(Title of person signing)