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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | - |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: IN N OUT DELIV | ERY SERVICES, INC. | |
|--------------------------|--|--|--|
| DOCUMENT NUMB | | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | JONATHAN WOGINIAK | | |
| - | | Name of Contact Persor | 1 |
| | IN N OUT DELIVERY SER | VICES, INC. | |
| | | Firm/ Company | ····· |
| | 3440 HOLLYWOOD BLVE | SUITE 415 | • |
| - | | Address | |
| | HOLLYWOOD FLORIDA | 33021 | |
| • | | City/ State and Zip Code | ę |
| JWOO | GINIAK@GMAIL.COM | | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| JONATHAN WOGIN | IAK | 786 | 332-0300 |
| Name of Contact Person | | | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment 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) |
| Ame Divi P.O. | ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314 | Amenc Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IN N OUT DELIVERY SERVICES INC.

| (<u>Name o</u> | f Corporation as currently | filed with the Florida Dept. of | State) |
|--|----------------------------|---|---|
| P10000087778 | | | |
| | (Document Number of C | Corporation (if known) | 21.5 2.55 (19) |
| Pursuant to the provisions of section 607. | | <i>lorida Profit Corporation</i> adopts | |
| A. If amending name, enter the new name of the corporation: | | | |
| name must be distinguishable and cont "Corp.," "Inc., " or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc." or "C | 'o". A professional corporation | d' or the abbreviations name must contain the |
| 3. Enter new principal office address, if applicable: | | 3440 HOLLYWOOD BLVD | |
| Principal office address MUST BE A S | TREET ADDRESS) | SUITE 415 | |
| | | HOLLYWOOD FL 33021 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3440 HOLLYWOOD BLVD | |
| | | SUITE 415 | |
| | | HOLLYWOOD FL 33021 | |
| D. If amending the registered agent an new registered agent and/or the new | | | <u>f the</u> |
| | JONATHAN WOGINIAK | | |
| Name of New Registered Agent | 3440 HOLLYWOOD BLV | 'D SUTIF 415 | |
| | (Florida stre | | |
| No. Books (Otto LD) | HOLLYWOOD | | 33021 |
| New Registered Office Address: | | , FR 'Citv) | orida (Zip Code) |

Signature of Lew 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 Y 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> <u>John</u> | Doe | |
|-----------------------------|------------------------|--------------------|-----------------------|
| X Remove | <u>V</u> <u>Mike</u> | <u> Jones</u> | |
| $\underline{\tilde{X}}$ Add | <u>SV</u> <u>Sally</u> | Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | P | PAUL J. LEWIS | 7416 SW 8 CT |
| Add | | | N LAUDERDALE FL 33068 |
| Remove | | | |
| 2) Change | P | JONATHAN WOGINIAK | 3440 HOLLYWOOD BLVD |
| X Add | | | SUITE 415 |
| Remove | | | HOLLYWOOD FL 33021 |
| 3) Change | VP | TOMAS STRANSKY | 3440 HOLLYWOOD BLVD |
| X Add | | | SUITE 415 |
| Remove | | | HOLLYWOOD FL 33021 |
| 4) Change | TREAS | VALENTINA STRANSKY | 3440 HOLLYWOOD BLVD |
| X Add | | | SUITE 415 |
| Remove | | | HOLLYWOOD FL 33021 |
| 5) Change | SEC | PAUL J. LEWIS | 7416 SW 8 CT |
| X Add | | | N LAUDERDALE FL 33068 |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| mending or adding additional Arti ach additional sheets, if necessary). | (Be specific) | |
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| an amendment provides for an exci rovisions for implementing the amo | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | | |
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| The date of each amendmen | | , if other than the |
|--|---|-----------------------------|
| date this document was signed Effective date if applicable: | SEPTEMBER 2, 2016 | |
| | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this dat he Department of State's records. | e will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| | re adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval. |) |
| | re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | nt |
| | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/we action was not required. | ere adopted by the board of directors without shareholder action and shareholde | r |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder | |
| OCT Dated | OBER 31,2016 | |
| | 11/2/ | |
| Signature _ | By a director, president or other officer – if directors or officers have not been | |
| | by a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cour | t |
| | ppointed fiduciary by that fiduciary) | |
| / | JONATHAN WOGINIAK | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |