## P10000091475

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FALL AHASSEE, FLORIDA





## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MOVING APT., I	NC.		
	BER: P10000091475			
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	MEYR AVIV			
		Name of Contact Persor	1	
	MOVING APT INC			
		Firm/ Company		
	936 SW 1ST AVE SUITE 1.	30		
		Address		
	MIAMI, FL 33130			
		City/ State and Zip Code	e	
meyr	@movingapt.com			
		sed for future annual report	notification)	
		·	•	
For further information	n concerning this matter, pleas	se call:		
MEYR AVIV		954 at (	394 8350 	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

MOVING APT INC

(Name of Corpor	ration as currently filed with the Florida	Dept. (Chaig)
P10000091475		
(Do	cument Number of Corporation (if known)	TALLAHASSEE: FLORIDA
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporati</i>	
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or i	orp," "Inc," or "Co". A professional co	corporated" or the abbreviation proporation name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	DAIN's	
(Staning dadress SIAT BE A POST OFFICE	<u>B(),()</u>	
	·	<del></del>
D. If amending the registered agent and/or registered		e name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent		
<u></u>		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
hereby accept the appointment as registered agen	n. I am familiar with and accept the oblig	ations of the position.
2.	Signature of New Registered Agent, if chang	zing

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 Doe		
X Remove	<u>V</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	
1) Change	D	SEGEV BEN	936 SW 1ST AVE STE 130	
Add X Remove			MIAMI, FL 33130	
2) Change	PTD	MEYR AVIV	936 SW 1ST AVE STE 130	
X Add			MIAMI, FL 33130	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			<del></del>	
Add			——————————————————————————————————————	
Remove				
6) Change				
Add				
Remove				

маси машинти ми	ng additional Art rets, if necessary)	(Be specific)	_			
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an amendment pro rovisions for imple	vides for an exch	range, reclassifi	cation, or cance	ellation of issu	ed shares,	
(if not applicable	menting the ame r. indicate N/A)	nunicat it not co	<u>ontained in tue</u>	imenament it.	seir:	
()						
	<del>-</del>	<del></del>	<del> </del>	<del></del>	<del></del>	
<u> </u>						

The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment fit	le date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	llowing statement ndment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 3/29/18	
Signature	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	have not been c. or other court
MEYR AVIV	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	