| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | ldress)            | •               |
| (Ad                     | ldress)            |                 |
| (Cit                    | ty/State/Zip/Phone | <del>9 #)</del> |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | siness Entity Nan  | ne)             |
| (Do                     | cument Number)     |                 |
| Certified Copies        | Certificates       | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA  | ATION: XINK 3PL, INC                        |  |  |
|--|---|--|--|
| DOCUMENT NUMBE   | R: <u>P11000096350</u>                      |  |  |
| The enclosed Articles of   | Amendment and fee are su                    | abmitted for filing.   |  |
| Please return all correspondent  | ondence concerning this ma                  | atter to the following:  |  |
| Eric M   | . Xavier                                    |  |  |
| <u> </u>   |   | ame of Contact Person  | · · · · · · · · · · · · · · · · · · ·  |
| Xink, I  | 1.0   |  |  |
| <u>7(IIIK, 1</u>   | 300   | Firm/ Company  | · · · · · · · · · · · · · · · · · · ·  |
| 2527 V   | V Moody Boulevard                           |  |  |
|  |   | Address  |  |
| Flagler  | Beach, FL 32136                             |  |  |
|  |   | ty/ State and Zip Code   | <del> </del>   |
|  |   |  |  |
| emx@x  | ink.co<br>E-mail address: (to be us         | sed for future annual report   | notification)  |
|  |   |  | ,  |
| For further information of   | concerning this matter, plea                | se call:   |  |
|  | 3 /1  |  |  |
| Eric M. Xavier   |   | at ( <u>386</u>  | ) 451-6052   |
| Name of  | Contact Person                              |  | de & Daytime Telephone Number  |
| Enclosed is a check for t  | he following amount made                    | payable to the Florida Dep   | 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) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |   | ment Section<br>on of Corporations<br>Building<br>xecutive Center Circle |  |

## Articles of Amendment to Articles of Incorporation of

| XINK 3PL, INC   |  |              | <b></b>     |
|---|--|--------------|-------------|
| (Name of Corporation as currently filed with the Florida  | Dept. of State)                        |              |             |
| P11000096350  |  |              | <b>-</b>    |
| (Document Number of Corporation (if know  | vn)                                    |              |             |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida mendment(s) to its Articles of Incorporation:  | orida Profit Corporation adopts        | the fo       | llowing     |
| A. If amending name, enter the new name of the corporation:   | ·                                      |              |             |
| The new name must be distinguishable and contain the word "corporation, abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, name must contain the word "chartered," "professional association," or to | " or "Co". A professional corpo        |              |             |
| B. Enter new principal office address, if applicable:   |  |              | _           |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | ,                                      |              |             |
|   |  | <del>,</del> | -           |
|   |  |              | -           |
| C. Enter new mailing address, if applicable:  | •                                      |              | 0           |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <u></u>      | - SEC       |
|   | ······································ | <u>¥</u> 0   | 무무          |
|   |  | 28           | PAR<br>CIAR |
|   |  |              | 무           |
| D. <u>If amending the registered agent and/or registered office address in</u> new registered agent and/or the new registered office address:   | Florida, enter the name of the         | 10 : II HV   | STA         |
| new registered agent and/or the new registered office address.  |  | 10           | E E         |
| Name of New Registered Agent:   |  |              | m           |
|   |  |              |             |
| (Florida street add   | ress)                                  |              |             |
| New Registered Office Address:  | , Florida                              | <del></del>  | _           |
| (City)  | (Zip Cod                               | te)          |             |
|   |  |              |             |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with an   | d accept the obligations of the pos    | ition.       |             |
| Signature of New Registered Agent.  | if changing                            |              |             |

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| Title(s)          |              | Name                                | _4           | <u>Address</u>                              |
|-------------------|--------------|-------------------------------------|--------------|---|
| 1) <u>VP</u>      |              | James Cristos                       | <u> </u>     | 4 Treetop Circle<br>Ormond Beach, FL 32174  |
| 2)                |              |                                     |              |   |
| 3)                |              |                                     |              |   |
| 4)                |              |                                     |              |   |
| 5)                |              |                                     |              |   |
| 6)                |              |                                     | -            |   |
| <u> </u>          |              |                                     |              |   |
| <u>If REMOVIN</u> | NG an office | er and/or director, please list the | title(s) and | name of the officer/director to be removed: |
| Title(s)          | <u>Name</u>  |                                     | Title(s)     | <u>Name</u>                                 |
| 1)                |              |                                     | 4)           |   |
| 2)                |              | ······                              | 5)           |   |
|                   |              |                                     |              |   |

| If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
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| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)   |
|--|
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|  |
| The date of each amendment(s) adoption:  |
| Effective date if applicable:  (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s) (CHECK ONE)   |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)  The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| ☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated 11/20/2011   |
| Signature  |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Eric M. Xavier   |
| (Typed or printed name of person signing)  |
| President (Title of person signing)  |