P12000029873

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PICK-UP WAIT MAIL				
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Tallahassee, FL 32301

TO: Amendment Section Division of Corporat	ions			
NAME OF CORPORA	rion: <u>S'10ane</u>	Logistics, Inc. 873	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER	R: P12000629	873		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Shari	Haling Name of Contact Person		
		Traine of Contain Ferbon		
	5100	ine Logistics, li	ne	
		Firm/ Company		
	3949 Ev a	Address Myers, FL 3: City/ State and Zip Code	te 109	
_	· · · · · · · · · · · · · · · · · · ·	Address		
	FOIT	Myers, FL 3:	3901	
		City/ State and Zip Code	2	
	Sharr of S	Sluane logistics. (notification)	
	E-mail address: (to be us	ed for future annual report	notification)	
For further information co	oncerning this matter, pleas	e call:		
Shari	Haling	at (239	a 88-7473 de & Daytime Telephone Number	
Name of C	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address Street Address				
Amendment Section		Amendment Section		
Divisio P.O. Bo	n of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Articles of Amendment to Articles of Incorporation of

Stoane Logistics Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000629873	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> its Articles of Incorporation:	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporation," "company," or "inco "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corp word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TOTAL AND SEE FLOOR
D. If amending the registered agent and/or registered office address in Florida, enter the	name of the
new registered agent and/or the new registered office address:	j.+
Name of New Registered Agent Al COOK	
3949 Evans Ave Swife 109 (Florida street address) New Registered Office Address: Fort Myels, Florida street.	33901 rida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of New Registered Agent, if changing	itions of the position.

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>	Name	<u>Addres</u> s		
1) Change	<u>VP</u>	sioane cook	3949 Evans Avenue		
Add Remove			state 109 Fort Myer FL 33901		
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach ac	lditional sheets, i	f necessary).	(Be specific)				
•							
						-	···
							
					47-11		
							•
provisio	endment providens for implement of applicable, inc	ting the amend	nge, reclassific Iment if not co	cation, or cane ontained in the	ellation of issued amendment itse	d shares, elf:	

The date of each amendment(s) adoption: $\frac{3/18/13}{3/18/3}$ Effective date if applicable: $\frac{3/18/13}{3/18/3}$			
3/18/13			
Effective date if applicable: (no more than 90 days a	fter amendment file date)		
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)		
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep			
"The number of votes cast for the amendment(s) was/were suffici	ent for approval		
by(voting group)			
(voting group)			
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder		
The amendment(s) was/were adopted by the incorporators without shar action was not required.	reholder action and shareholder		
Dated 3 18 13			
Signature All	5		
(By a director, president or other officer – if of selected, by an incorporator – if in the hands			
appointed fiduciary by that fiduciary)			
AL FOOL			
(Typed or printed name of			
(Typed or printed name of	person signing)		
Registered Ager	ith		
(Title of person signing) / /		