P 1200037616

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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: COURIER Care Logistics, Inc. P12000037616 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter in the following: Firm/ Company Falconhill E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KUNAI VYAS

Name of Contact Person

at (407) 701 · 0888

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & Q\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

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	Articles of	Incorporation	0.010	
Courier	· Care 1	oaistics,	2018 MAR 22	PH 4: (
(Name of Co	<u> </u>	700191109, .	rida Dept. of State)	
Crame of Co				. Augid
-	P120000		, 3,	
	(Document Number	r of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, th	is <i>Florida Profit Corp</i>	oration adopts the following amend	dment(s) to
A. If amending name, enter the new name o	f the corporation:			
NIA			The	m <i>asa</i>
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	"Corp." "Inc," or	"Co". A professiona	"incorporated" or the abbrevia	tion
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		30 5 8 Fo Apopka,	alconhill Dr. FL 32712	_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		4	Falconhill Dr. , FL 32712-24	- 97
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office as Istered office addr	idress in Florida, ente	r the name of the	
Name of New Registered Agent	Ku	nal Vyas		
	3058	Falconhill	Dr.	
		street address)		
New Registered Office Address:	Apol	oka	Florida 32717 (Zip Code)	-
	, ,	(CB))	(Zip Code)	
The What has been a second to be				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 <math>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	PT	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	<u>kunal Vyas</u>	3058 Falconhill Dr.
Add			Apopka, FL 32712
Remove			
2) Change	·		
Add			- Andrew Control of the Control of t
Remove			
3) Change			
Add			
Remove			
4) Change	***************************************		
Add			
Remove			
5) Change			
Add			And the state of t
Remove			
6) Change			
Add			
Remove			

Attac	ending or adding additional Articles, enter change(s) here: th additional sheets, if necessary). (Be specific)
N	JA
	
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prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: date this document was signed.		if other than the
Effective date if applicable:	3/13/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements,	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amend or approval.	dment(s)
The amendment(s) was/were approved by must be separately provided for each value.	the shareholders through voting groups. The following sing group entitled to vote separately on the amendment(s	statement s):
"The number of votes cast for the at	mendment(s) was/were sufficient for approval	
by	voting group)	
	voting group)	
The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and shareholder	reholder
The amendment(s) was/were adopted by to action was not required.	he incorporators without shareholder action and sharehol	lder
Dated 3/13/19	8	
Signature		
(By a di ctor, p	resident or other officer wif directors or officers have no	t been
	ncorporator wiftin the hands of a receiver, trustee, or others by that fiduciary)	er court
· /I		
//	(Typed or printed name of person signing)	
//	(Typed or printed name of person signing)	
•	President	
The second of th	(Title of person signing)	