# PIZOCOUMAS

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I ALBRITTON

### **COVER LETTER**

Division of Corporations TROUBLE FREE MOVING, INC NAME OF CORPORATION: 120000 46695 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (754) 242-29/9

Area Code & 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 & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

### **Mailing Address**

TO: Amendment Section

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

is enclosed)

## Articles of Amendment to

# **Articles of Incorporation** of )-

IR	ouble Feed	MOVING INC	
(Name of Cor	poration as currently file	d with the Florida Dept. of State)	
	P120000466	95	
	(Document Number of Cor		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flori	ida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name o	f the corporation:		
Moving STA	e inc		The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".	A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	dicable:	N/A	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>:</u> <u>CE BOX</u> )	N/A	
D. If amending the registered agent and/or new registered agent and/or the new reg		n Florida, enter the name of the	13 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Name of New Registered Agent	N/A		<u> </u>
New Registered Office Address:	(Florida street ad N/A (City	, Florida	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered to	ing Registered Agent: agent. I am familiar with a	and accept the obligations of the pos	,
	Signature of New Regis	tered 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 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.

X Change	PT	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	Address
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		'	
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

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	7	
/ V) /		
		_
an amendment provides for an exchange, reclassifica	tion, or cancellation of issued shares,	
provisions for implementing the amendment if not con (if not applicable, indicate N/A)	tained in the amendment fixen:	
1 )	1	
	/ [	
	M	
/ V / /		
<del></del>		

The date of each amendment(s) adoption:date this document was signed.	Zuly 10, 201	15	, if other than the
Effective date if applicable:	IMMEDIATE	ly 5-hy 12, 20	7/5
(	no more than 90 days after a	nhendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		y filing requirements, this date wi	Il not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app	preholders. The number of voroval.	otes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr	hareholders through voting group entitled to vote separate	roups. The following statement ly on the amendment(s):	
"The number of votes east for the amenda	nent(s) was/were sufficient fo	or approval	
by	g group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting	g group)		
The amendment(s) was/were adopted by the bo action was not required.		cholder action and shareholder	
☐ The amendment(s) was/were adopted by the incaction was not required.	orporators without sharehold	der action and shareholder	
Dated July 10, 2	2015		
Signature Byon H			
(By a director, preside	nt or other officer - if directo		
		eceiver, trustee, or other court	
appointed fiduciary by	that fiduciary)	•	
<del>-</del>	BRYAN O. ped or printed name of perso	HENRY	
(Ty		on signing)	
	PROSIDENT		
	(Title of person sign	ing)	