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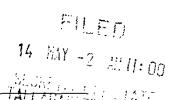
MAY 14 2014

R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporation	ons			
NAME OF CORPORAT	ION:			
DOCUMENT NUMBER	:			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspond	dence concerning this mat	tter to the followi	ng:	
BF	RANDON FROI	JM		
	<del></del>	Name of Cont	act Person	
NE	W YORK MINUT	E COURIE	RS OF	JACKSONVILLE INC
<del></del>		Firm/ Cor	npany	
16	20 BARTRAM	ROAD U	VIT 53	11
		Addre	•	
JA	CKSONVILLE			
		City/ State and	l Zip Code	
NYMO	COURIERS@G	MAIL.COM	<b>V</b> I	
	E-mail address: (to be us	ed for future annu	ual report n	otification)
For further information cor	ncerning this matter, pleas	se call:		
BRANDON FRO	DUM	at (	714	322-3297
Name of Co	ontact Person	\ <u></u>	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Flo	orida Depar	tment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Certified Cop (Additional c enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendn Division P.O. Box	Address eent Section of Corporations c 6327 see, FL 32314		Division Clifton I 2661 Ex	address nent Section of Corporations Building recutive Center Circle resee, FL 32301

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

## NEW YORK MINUTE COURIERS OF JACKSONVILLE, INC. P12000074170

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new name of the corpora	tion:		
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c, " or "Co". A		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	·)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		Florida, enter the nam	e of the
Name of New Registered Agent			
	lorida street addre	28.8)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registere Thereby accept the appointment as registered agent. I am f	l Agent: amiliar with and	l accept the obligations	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: XChange	<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	VP	MIRABEHN BISHOP-FURR	1620 BARTRAM ROAD # 531
Add			JACKSONVILLE, FL 32207
Remove			
2) Change	VP	MIRABEHN FROUM	1620 BARTRAM ROAD # 531
✓ Add			JACKSONVILLE, FL 32207
Remove			
3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	<del></del>
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) adoption: 05/01/2014	, if other than th
date this document was signed.	, in concernant of
Effective date if applicable: 05/01/2014	
(no more than 90 days after amendment file date)	<del></del>
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	
(voling 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 4-28-2014	
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)	
BRANDON FROUM	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	