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(Re	questor's Name)	
(Ad-	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

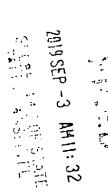
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COVER LETTER

NAME OF CORPORATION: Ocean Movers Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amber J Sahbudak
Name of Contact Person Cean Movers Inc. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$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

TO: Amendment Section

Division of Corporations

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

Articles of Amendment

to Articles of Incorporation

of

	Inc.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P13000007304		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen	ıt(s) t
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	20H	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	- 70 CG	1
		; 1
	ú ; "·	
0.5.	79 A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		j
MATERIAL BENTOST OFFICE BOX	- 1 3 E 2	
 If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses 	dress in Florida, enter the name of the	
new registered agent and/or the new registered office address	<u>ss:</u>	
Name of New Registered Agent		
(Florida st	street address)	
New Registered Office Address:	ret - 1	
New Registered Office Address.	, Florida (City) (Zip Code)	
	,	
New Registered Agent's Signature, if changing Registered Agen	ıt:	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature of New 1	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)

Remove

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.

Mike Jones, V as Kemove	, ana Sati	ty Smith, 1	SV as an Add.	
Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	nith `	•
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	_	_	Azad B Sahbudak	334 Blanding Blv
Add				Ovange Park FL
Remove				<u>3</u> 073_
2) Change		_		
Add				
Remove				
3) Change	-	_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
δ) Change		_		
Add				

a reserve tette	litional sheets	additional Art s, if necessary).	(Be specific,)			
							
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f an amen	dment provi	des for an exch	ange, reclassi	fication, or car	ncellation of is	sued shares,	
<u>provision:</u>	<u>s for impleme</u>	enting the ame	ndment if not	contained in t	he amendment	itself:	
(if not	t applicab <mark>le, i</mark>	ndicate N/A)					
							
						· · · <u> </u>	-
							
					<u> </u>		
		<u> </u>					

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not be listed as the
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):	nı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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.	r
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)	·
(Typed or printed name of person signing) Resident (Title of person signing)	