P13000028391

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

DC9/5

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Pack It Ship It Tech Fix It, Inc. DOCUMENT NUMBER: P13000028391				
	of Amendment and fee are sul			
Please return all corre	spondence concerning this mat	iter to the following:		
	Sameer Sharieff			
		Name of Contact Person		
	Pack It Ship It Te	·		
	Firm/ Company			
	19651 Bruce B Downs Blvd Suite B-1			
		Address		
	Tampa, FL 33647	7		
City/ State and Zip Code				
info	o@pstfl.com			
		sed for future annual report r	notification)	
For further information	on concerning this matter, pleas	se call:		
Sameer Sha	rieff	at (813	, 994-3800	
Name	of Contact Person	Area Cod	le & 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)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

Articles of Amendment to Articles of Incorporation of



Pack It Ship It Tech Fix It, Inc.

13 AUG 28 AM II: 14

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		
P13000028391				
(Documen	t Number of Corporation (if l	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	l orida Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated	ation "Corp," "Inc," or "Ce	o". A professional corporati	ated" or the abb i <mark>on name must</mark> co	reviation intain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		19651 Bruce B Downs Blvd Suite B-1		
		Tampa, FL 33647		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19651 Bruce B Downs E	Blvd Suite B-1	
		Tampa, FL 33647		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name	of the	
Name of New Registered Agent	Sameer Sharieff			
Name of New Register en Agent	19651 Bruce B Dov	wns Blvd Suite B-1		
	(Florida stree	at address)		
New Registered Office Address:	Tampa		33647	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		th and accept the obligations	of the position.	
,	anuly In	mtt	•	
Sis	nature of New Registered Ag	rent, ixchanging		

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	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	Р	Lubna Hameed	19651 Bruce B Downs Blvd Suite B-1
Add			Tampa, FL 33647
X Remove			
2)Change	PVTD	Sameer Sharieff	19651 Bruce B Downs Blvd Suite B-1
X			Tampa, FL 33647
Remove			
3)Change			
Add			
Remove			-
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here:
	(be specific)
N/A	
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	8/26/2013	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
David 08/2	26/2013	
Signature	Samen Shap	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Sameer Sharieff	
	(Typed or printed name of person signing)	
	President	_
	(Title of person signing)	

08/26/2013