P1300050037

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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Tropical Dasis Express, Inc. DOCUMENT NUMBER: P1300050037				
The enclosed Articles of Amendment difference submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Trevor Escoffery, Tr. Name of Contact Person Tropical Casts Express, Inc. Firm/ Company 5958 Johnson St. Bay 3 Address Hollywood, FL 33021 City/ State and Zip Code Tropical Oasis express @ 9 mail. Com E-mail address: (to be used for future annual eport notification)				
For further information concerning this matter, please call:				
Trevor Escoffery Jr. at (786) 304-9723 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

Iropical Oasis Expres.	s, Inc.				
	ntly filed with the Florida Dept. of)State				
P13000050037					
(Document Number (of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutellits Articles of Incorporation:	Florisia ProfitCorporationadopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation	n:				
NIA	The new				
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "I	"a". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	5958 Johnson St. Bare3				
(Principal office address MUST BE A STREET ADDRESS	Hollmand Fl 33021 5 7				
	Jacobson Francisco				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	5958 Tohnson St. Raus				
(Mailing address MAT BE A POST OFFICE BOX	11 ally 1 51 27021 5				
	F10111 Wood, FL 330:21 W				
D. <u>If amending the registered agent and/or registered office</u> new registered agent and/or the new registered office a	<u>address in Florida, enter the n</u> ame of the ddress:				
Name of New Registered Agent TYEVOY E	scoffery Jr				
5958 John	ISAN St. Bau 3				
(Florida stre	et address)				
New Registered Office Address Hollywood Florida 3302					
J (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.				
	In In				
Signature of New 1	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, 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 lotter 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. The 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 Ct Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joi</u>	nn Doe	
X Remove	_V _ <u>M</u>	i <u>ke Jon</u> es	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DVS	Locksley Johnson	8016 NW Fand St.
Add		J	Tamarac, FL 3332
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

chadditional sheets, if necessa	. 10
	NH
	SECTION AND ADDRESS OF THE PROPERTY OF THE PRO
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The date of each amendment(s) adoption: 11/3/2016 date this document was signed.	, 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 dadocument's effective date on the Department of State's records.	ite will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting These first lowing 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 TYEVOY FSCOFFEYY, TY (Pres.) (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other office airectors or officers have not been sected, by an incorporatorif in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Trevor Escoffery TR. (Typed or printed name of person signing)	
President (Title of person signing)	