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SECRETARY OF STATE

JAN 04 2016

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Cour	sins Logistics, Inc.
DOCUMENT NUMBER: P1300003	34173
The enclosed Articles of Amendment	
Please return all correspondence conc	erning this matter to the following:
Benjamin Brau	ser
	Name of Contact Person
Cousins Logist	ics, Inc.
	Firm/ Company
2600 N. Milita	ry Trail, Suite 248
	Address
Boca Raton, Fl	_ 33431
	City/ State and Zip Code
Ben@marlincapital.c	om
•	lress: (to be used for future annual report notification)
	` '
For further information concerning th	s matter, please call:
Benjamin Brauser	, 561 757-4088
Name of Contact Person	at (561) 757-4088 Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
_	Filing Fee & Status Status Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

Cousins Logistics, Inc.			
(<u>Name</u>	of Corporation as currently filed with	h the Florida Dept. of State)	
P13000054173			
	(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the follow	ing amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A pi		
B. Enter new principal office address, (Principal office address MUST BE A S			
Frincipul office address MOST BE A S	<u> </u>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(<u>2</u>			
D. If amending the registered agent an	ıd/or registered office address in Flor	rida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent			
	2650 N. Military Trail, Suite 300		
	(Florida street address)		_
	Boca Raton	22/21	
New Registered Office Address:	(City)	, Florida	p Code)
	(4-1,0)	(-7	, , , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if c		₽ _{th}	
I hereby accept the appointment as regis.	tered agent. I am familiar with and ac	cept the obligations of The hosit	•
		HA HA	77
		25 S S S S S S S S S S S S S S S S S S S	Property Control of the Control of t
	Signature of New Registered A		— I
		O ST.	FF.
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		وما أوتراكي	

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: X Change	<u>PT</u>	John Doc	
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>	Address
1) Change		****	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			81-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
6) Change			
Add			
Remove			

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

date this document was signed.	idoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
☐ The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were accaction was not required.	opted by the incorporators without shareholder action and shareholder
December Dated	22, 2016
select	director, president or other officer – if directors or officers have not been ed/by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Benjamin Brauser
	(Typed or printed name of person signing)
	President
	(Title of person signing)