## 713000063334

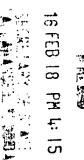
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2016

ROY O MOON 4128 MATHER RD W LAKELAND, FL 33180

SUBJECT: ECLIPSE DELIVERY, INC.

Ref. Number: P13000063334

We have received your document for ECLIPSE DELIVERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 916A00002757

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

Division of Compositions D.O. DOV 6297 Tollaharma Florida 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ECLIPS	2 Delivery	INC.
DOCUMENT NUMB	er: <u>P130006</u>	3334	)
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Roy	Name of Contact Perso	n Tax
-	<u> CCIIps</u>	E Deliver of Firm/ Company	11-0.
	4128	Firm/ Company  Mather  Address	Road W.
-	·	Address	
_	lakela	and P.	33810
		City/ State and Zip Cod	e .
	E-mail address: (to be us	ive-Com sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Roy (	). Moo	at ( 931	307-8157
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Amendment Section			Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of An	rendment /
to	. La Caracia de
Articles of Inco	rporation /
of	- OFFD
ECLIPSE DELIKERY (Name of Corporation as currently	The filed with the Florida Dept. of State).
(Name of Corporation as currently	filed with the Florida Dept. of State) 4. /5
P 13000063333	4
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Vorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
4.4	
MOON ENTERPRISES IN	The new
name must be distinguishable and contain the word "corporation,	" "company." or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C	O. A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P	PA"
	dia a do Ud DI
B. Enter new principal office address, if applicable:	4128 Mather Rd W
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Lakeland Fl 33810
	rakeland Pl 37810
C. Enter new mailing address, if applicable:	(100 00 11 00 1)
(Mailing address MAY BE A POST OFFICE BOX)	4128 Mather Rd W
	4128 Mather Rd W LAKELAND, FL 3381D
	LAKELAND, FL 338/D
	NAMES OF THE PARTY
• • • • • • • • • • • • • • • • • • •	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent KOY O	Noon
	2 / //
4128 Mat	her Rd W
(Floridu stree	et address)
( A don ( A us)	22811
New Registered Office Address: ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	, Florida 5 307 0
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position
A San at a san	are and are of the position.
( , ) , .	74
$A \setminus A$	11100
_ you ()	1 run
Signature of New Res	gistered 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)

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	PT John Doe	
. X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	PD Roy O Moon	4128 Mather Rdu
Add		LAKELAND, FI
Remove		33810
2) Change		
Add		<del></del>
Remove		
3) Change		
Add		
Remove		
4) Change		****
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		Vertice and the second of the
Remove		

Attach <i>ada</i>	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
·					
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provision:	idment provides for an exchang s for implementing the amendm t applicable, indicate N/A)	e, reclassification, on the period of the pe	or cancellation of iss I in the amendment	ued shares, itself:	·
<del></del>					
······································			****		
				·-····································	

سراء داد

The date of each amendment(s) adoption: February 1, 2016 date this document was signed.	_, if other than th
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 date will a document's effective date on the Department of State's records.	ot be listed as th
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"  (voting group)	
(voting 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 2-18-16 Signature From O Moon	
Signature From O Moon	
(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)	
President	
(Title of person signing)	