P13000079421

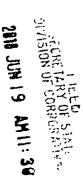
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(2)		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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JUN 20 2018 C icicinair

COVER LETTER

Division of Corporations	٠ .
NAME OF CORPORATION: NAME OF CORPORATION: P 130	TIONAL MOVING- G-POUP, INC
DOCUMENT NUMBER: F 120	
The enclosed Articles of Amendment and fo	re are submitted for filing.
Please return all correspondence concerning	
Fran	Name of Contact Person
NATIO	Name of Contact Person NAL MOVING GrovA, INC
4731	WAL MOVING Group, INC Firm/Company W. ATIGNTIC AYE SUITE 18
	Besch FL 33445 City/ State and Zip Code
,	City/ State and Zip Code
FDPI	VATIONAL MOVING GROUP, COM (to be used for future annual report notification)
15-man acaress.	to be used for future assistant report notifications
For further information concerning this matt	er, please call:
Name of Contact Person	at (S61) 257-3470 Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Department of State;
\$35 Filing Fee	

enclosed)

Mailing Address

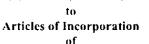
TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment





NATIONAL MOVING GOOD INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000079421

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4731 W. Atlantic Ave
(Principal office address MUST BE A STREET ADDRESS)	Sulte 14
	Delray Beach, FL 33445
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4731 W. ATISTIC AVE
	Delsy Besch, FL 3344
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent Frank	Lucipo
1271	W. ATIGATIC AYE
New Registered Office Address:	City) Reg All Florida 33445 (City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
11	
* The duce	
Signature of New R	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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Polucia Jewala	Address Address Address
1) Change Add Remove	<u></u>		741 SU 1854 ST. BOCG RETON FL 33486
2) Change Add	<u>S</u>	Eric Lizak	4731 W. ATIGATICA SUITE 18
Remove 3) Change Add			Dellay Brack, FL 334
		<u> </u>	
Remove 5) Change			
Add			
6) Change Add		_	
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
······································	
·	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	
	
	

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after ame	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory follocument's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	s east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately experiences.	
"The number of votes east for the amendment(s) was/were sufficient for a	pproval
by	
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	
Dated	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	
(Type) for printed name of person s	ciDO
PlesiDen	ナ
(Title of person signing	<u>;</u>)