

(Ke	questor's Name)			
(Ad	dress)			
	ldress)			
(/ tu	idi (535)			
(Cit	ty/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(D.				
(Bu	isiness Entity Name	?)		
(Document Number)				
Certified Copies	Certificates o	of Status		
	_			
Special Instructions to	Filing Officer:			
"				

Office Use Only



800321249948

12/17/18--01019--002 **52.50

And



R. WHITE DEC 2 0 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: DUVAL EXPLESS SERVICES INCOMENT NUMBER: P1300004591						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person Accounting At All Cost Inc OFIRM/ Company 3115 Spring Glen Rd Ste 504 Address Decksonville FL 32207 City/ State and Zip Code Staffalou(ost @ amail. Com E-mail address: (to be used for futbre annual report notification)						
For further information concerning this matter, please call:						
Fueda Velic an 904, 232-8270						
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:						
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Section Street Address Amendment Section						

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

Articles of Incorporation

FILED

DWAL EXPLESS SERVICES TO PH 3: 14

Florida Dept. of State) (17 c-17.
Tiorida Dept. di State
WELAWASSEE, FL
known)
KIIO WIII)
Corporation adopts the following amendment(s)
The new
or "incorporated" or the abbreviation ional corporation name must contain the
<u> </u>
enter the name of the

, Florida
(Zip Code)
the obligations of the position.
• •
· · ·

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, 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:	, ana sai	ıy əmun, .	sr as an Aaa.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		-
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change				
Add	-	_		
Remove				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Adding Additional Adress for the
butness or a second fixation for
the business;
Additional Adduss is:
10421 Asheville Hwy
Inman, SC 29349-9310
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
This is additional address for the
business on principal address.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

.

•	91101	
The date of each amendment(s) adoption: _ date this document was signed.	17/11/5010	, if other than the
Effective date <u>if applicable</u> :	12/11/2018	
<u></u>	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does document's effective date on the Department of		quirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		or the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting	the shareholders through voting groups. Thing group entitled to vote separately on the control of the control o	
"The number of votes cast for the am-	endment(s) was/were sufficient for approva	ul
by	oting group)	
(Vi	oting group)	
The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action	and shareholder
Dated 12/11/2	0/7	
Signature		
selected, by an in-	esident or other officer – if directors or officorporator – if in the hands of a receiver, truly by that fiduciary)	
×	Vitally Dimov	
 -	(Typed or printed name of person signing)
	president of	the company
	' (Title of person signing)	/