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SECRET THE CORPORATIONS

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: A TO Z FLYER, INC P14000067596 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHABANA NAHEED Name of Contact Person A TO Z FLYER, INC Firm/ Company 13150 SW 62ND TERR APT.#101 Address MIAMI, FL 33183 City/ State and Zip Code NREBOLTA@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\frac{305}{\text{Area Code \& Daytime Telephone Number}}$ SHABANA NAHEED Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

L Markey	
14 NOV 17 NO S	٠,

A TO Z FLYER, INC

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

ent(s) to

F 14000007 390	CCI
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporat	ion:
THE MAIL, INC	The r
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev.	poration," "company," or "incorporated" or the abbreviat ," or "Co". A professional corporation name must contain iation "P.A."
B. Enter new principal office address, if applicable:	12484 SW 127 AVE
(Principal office address MUST BE A STREET ADDRESS	MIAMI, FL 33186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12484 SW 127 AVE
(Maning date of the port)	MIAMI, FL 33186
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent	
	orida street address)
,	•
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Tunju	minum and accept the configurous of the position.
Signature of New Root	istered 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 <math>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	<u>Addres</u> s
1) Change	VP	NELLY REBOLTA	9625 NASSAU DR
Add			CUTLER BAY, FL 33189
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			•
Add			
Remove			
6) Change			
Add			
Remove			

ach <i>additional s</i>	ding additional Artic heets, if necessary).	(Be specific)			
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	- "				
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		<u>,</u>		<u> </u>	.
					
					
<u>in amendment j</u>	provides for an exch	ange, reclassifi	cation, or cance	llation of issued	shares,
ovisions for im	plementing the amerable, indicate N/A)	nament it not c	ontained in the	amendment itsei	<u>l:</u>
(9 77	,,				
					

The date of each amendment	(s) adoption: 10/30/2014	, if other than th
date this document was signed.		
Effective date if applicable:	10/30/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/3	30/2014	
(B	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	NELLY REBOLTA	
	(Typed or printed name of person signing)	_
	VICE PRESIDENT	

(Title of person signing)