<u> 9140091455</u>

(Re	equestor's Name)		
(Address)			
(A	ddress)	· · · · · · · · · · · · · · · · · · ·	
(C	ity/State/Zip/Phone #	<i>f</i>)	
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(B	usiness Entity Name)	
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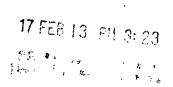
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NORTH POLE EX	PRESS INC			
DOCUMENT NUMBER: P14000091455				
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
SARDIA NAYLOR				
NORTH POLE EXPRESS IN	Name of Contact Person			
Firm/ Company 143 WASHINGTON STREET				
Address POUGHKEEPSIE, NY 12601				
	City/ State and Zip Code			
northpoleexpressinc@yahoo.com				
E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, pleas	e call:			
SARDIA NAYLOR	845 242-9710 at ()			
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:				
□ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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 Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NORTH POLE EXPRESS INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P14000091455	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida 8 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corn	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	·
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
new registered agent and/or the new registered of	ince audress.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	itered Agent
	am familiar with and accept the obligations of the position.
Cional	ture of New Registered Agent, if changing
Signal	ure 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 <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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l)Change	VP	STEFAN MCKAIN	2252 SHOMA DRIVE
Add			WELLINGTON, FL 33414
X Remove			
2) Change	ST	DANASHIA WALKER	2252 SHOMA DRIVE
Add			WELLINGTON ,FL 33414
X Remove			
3) Change			
Add			
Remove			
4) Change			44-44-44-44-44-44-44-44-44-44-44-44-44-
Add			
Remove			
5) Change			
Add			
Remove			
o a u			
6) Change			and the state of t
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) PLEASE REMOVE THESE TWO NAMES STEFAN MCKAIN AND DANASHIA WALKER FROM THIS CORPORTION				
THANK YOU				
				
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) N/A				

• • • •	02-08-2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the am afficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and share	cholder
02-08-20	7	
DatedSignature	Jardia Maylo	
	lirector, president or other officer - if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, or ated fiduciary by that fiduciary)	omer court
••	SARDIA NAYLOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	