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OCT 03 Z018 S. YOUNG

# **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: GOLGUYS MOVING, INC.				
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  Goz Guys Moving Inc.  Firm/ Company  409 Century Ave  Address  Fui Hand Park, PL, 3473/  City/ State and Zip Code  902 guys 2015 @ gmail. Com  E-mail address: (to be used for future annual report notification)				
for further information concerning this matter, please call:				
William D Moshiet at (352) 874-4689  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)				
Mailing Address Street Address				

### 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

## Articles of Amendment

to

# Articles of Incorporation

of

Go 2 Guix Moring, Inc.	
Name of Corporation as currently	filed with the Florida Dept. of State)
P15000079692	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	Torida Profit Corporation adopts the following amendment(s) to
A. It amending traine, enter the new name of the corporation.	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	409 Century Ave Fruitland Park FL 34731
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	409 Century Ave Frui Hand Park CL 34731
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	S in Florida, enter the name of the
409 Cent	my Auc
(Florida stre New Registered Office Address: FwiHand	Park , Florida 3473/ City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: wereby accept the appointment as registered agent. I am familiar w  When the second se	ith and accept the obligations of the position

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 I	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PID	Albert Spearman	7140 Sunryside Dr.
Add Remove			Leesborg FL 3474
2) Change	PID	William D Moshier	409 Century Ave Fruitland Park FL
Remove Change Add			347.31
Remove Change Add Remove			
Change Add Remove			
Change Add			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
NA	
	·
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)	
NIH	

The date of each amendment(s) adoption: Sept 24, 2018 if other than the date this document was signed.
Effective date if applicable: Sept 24; Zol8  (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 not be listed as the document's effective date on the Department of State's records.
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
☐ 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.
Signature  (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)
William Moshier (Typed or printed name of person signing)
(Title of person signing)
( ride of person signing)