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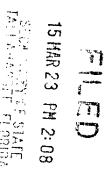
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(PRM 3-2515

COVER LETTER

NAME OF CORPORATION:

BULL LOISTICS, Inc.

DOCUMENT NUMBER: PI 50000 10597

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valvy Fallst

Name of Contyct Person

Unique In Sociations Tay

Firm/ Company

1500 SE 25th Aul

Address

Laurenille, tl. 321041

City/ State and Zip Code

braclogistics 208 Quahoo. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$B5 Filing Fee

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

☐\$43.75 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 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
Articles of Incorporation
BMC Logistics, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P15000016597
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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 "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Crystal Cyockett 131 Twin Lake Grove Drive (Florida street address)
New Registered Office Address: Inter acres, Florida 32148 (City) (City)
New Registered Agent's Signature if changing Registered Agent: I hereby accept the appointment as registered agent. I amfamiliar with and accept 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: 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)	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			-
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u> (if not applicable, indicate N/A)	idment if not contained in the amendment itself:
(y noi applicable, materic NA)	
 	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
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" (voting group)	
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.	
Dated 3-10-2015 Signature	
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)	_
Crystal Crockett (Typed or printed name of person signing)	_
DIRECTOR (Title of person signing)	_