71500044263

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DELTA FORCEN	MOVERSINC	
DOCUMENT NUMI	BER: P15000044263		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	STEPHENCOX		
		Name of Contact Person	n
		Firm/ Company	
	161 ONEIDA ST		
	DENVER CO 80220	Address	
		City/ State and Zip Cod	e
SAL	ES@DELTAFORCEMOVE	R.COM	
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	561	、929-5152
Name -	of Contact Person	at (Area Co) de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
■ \$35 Filing Fee	□\$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		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

(<u>Name o</u>	of Corporation as currently	y filed with the Florida Dept. of State)	
P15000044263			- <u>-</u>
	(Document Number of	Corporation (if known)	
D	1006 El 11 O		,,
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this i	rioriaa Proju Corporation adopts the fo	Howing amendment
no ratioles of meorpolation.			(2) (2) (3) (4) (5) (6) (7)
A. If amending name, enter the new na	me of the corporation:		
			The new-
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corporation name P.A."	the abbreviation must contain the
B. Enter new principal office address, if applicable:		4711 NW 9TH AVE	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	FT. LAUDERDALE FL 33309	
		-	
C. Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
D. If amending the registered agent an			
new registered agent and/or the nev	w registered office address	<u>:</u>	
Name of New Registered Agent	JOHN THEODORE		
	6960 NW 3RD AVE		
	(Florida str	eet address)	
New Registered Office Address:	BOCA RATON	, Florida	3487
	•	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			gition
I hereby accept the appointment as regist	erea agent. Tam jamutar v	чт ана ассері те оонданонз ој те ро.	144 11/16.
	Signature of New R	egistered 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.

X Change	PT	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	<u>v</u>	JOHN THEODORE	6960 NW 3RD AVE		
X Add			BOCA RATON, FLA 33487		
Remove					
2) Change					
Add		-			
Remove					
3) Change					
Add		-			
Remove					
4) Change					
Add		_			
Remove					
5) Change					
Add		-			
Remove					
6) Change					
Add					
Remove					

Attach add	ng or adding addi litional sheets, if n	ecessary). (Be	specific)	<u>101 E</u> .		
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	<u></u>					
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			<u></u>			
f an amer	ndment provides f as for implementir	for an exchange,	reclassification	or cancellation	of issued shares,	
(if no	n applicable, indica	ate N/A)	<u>it it not contain</u>	ed in the amend	nent usen:	
						·
						···
_						

	11th OF NOVEMBER 2015	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	/ /	
Effective date if applicable:	11/11/15	
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
DELTA FORCE MO	VERSINC "	
by	(voting group)	
action was not required.	pted by the board of directors without shareholder action a pted by the incorporators without shareholder action and sl	
Dated MOV/ Signature (By a diselected	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary) JOHN THEODORE (Typed or printed name of person signing) VICE President (Title of person signing)	