Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

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: (323)962-8600 Phone Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN INFINIA LOGISTICS, INC.

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu



TO: Amendment Section

COVER LETTER

| Division of Corpo | rations | | | | |
|--------------------------|---|---|--|--|--|
| NAME OF CORPOR | ATION: INFINIA LOGIST | ICS, INC. | | | |
| DOCUMENT NUMB | ER: P15000046505 | | | | |
| The enclosed Articles of | of Amendment and tee are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | |
| _ | Cheyenne Moseley | | | | |
| | | Name of Contact Person | n | | |
| | LegalZoom.com, Inc. | | | | |
| - | Firm/ Company | | | | |
| | 100 W. Broadway Suite 10 | 00 | | | |
| - | Address | | | | |
| _ | Glendale, CA 91210 | | | | |
| • | | City/ State and Zip Cod | e | | |
| info@ | einfinialogistics.com | • | | | |
| 1110@ | - | sed for future annual report | notification) | | |
| | | | ······ | | |
| For further information | concerning this matter, pleas | se call: | | | |
| Cheyenne Moseley | | at (323 | 962-8600 ext 7950 | | |
| Name o | f Contact Person | at (323) 962-8600 ext 7950 Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | |
| □ \$35 Filing Fee | □\$43.75 Filing Fcc & Certificate of Status | ✓S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52 50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| <u>M</u> ail | ing Address | Street | Address | | |
| Ame | ndment Section | Amend | Iment Section | | |
| Division of Corporations | | Division of Corporations | | | |
| | Box 6327 hassee, FL 32314 | | Building Executive Center Circle | | |
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Tallahassee, FL 32301

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STAPLES 1781

PAGE 06/09

Articles of Amendment to Articles of Incorporation

INFINIA LOGISTICS, INC.

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

| | P15000046605 | • | |
|---|---|--|--------------------------------|
| (Document Number of | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation: | da Statutes, this <i>Florida Prof</i> i | It Corporation adopts the follow | ving amondme |
| A. If amending name, enter the new name of the | corporation: | | , |
| | | | The new |
| name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the | p," "Inc." or "Co". A proj | ny," or "incorporated" or the fessional corporation name mu | abbreviation st contain the |
| B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AL</u> | ole: DDRESS) | | |
| | | | |
| | - | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>ox</u>) | | |
| D. If amending the registered agent and/or regist | ered office address in Florid | in, enter the pame of the | |
| new registered agent and/or the new registere | d office address: | | |
| Name of New Registered Agent | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Reliable accept the appointment as registered agent. | I am familiar with and acce | | n. |
| Signature of i | New Registered Agent, if chan | iging | |

To:

06/11/2015 09:17

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STAPLES 1781

PAGE 07/09

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 | ¥ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | • |
| Type of Action (Check One) | Title | Name | Address |
| l) Change | PS | WILLIE C BA JR. | 732 SUNCREST LOOP, APT. 20 |
| Add | | | CASSELBERRY, FL 32707 |
| 2) Change | PS | Willie Calvin Barnes Jr. | 732 SUNCREST LOOP, APT. 20 |
| X Add | | | CASSELBERRY, FL 32707 |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Ада | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| の Change | | | |
| Add | | | |
| Remove | | | |

Page 2 of 4

06/11/2015 09:17 4073813242

STAPLES 1781

PAGE 08/09

| : If amer (Attach | iding or adding additional Art additional sheets, if nacessary). | icles, enter chans (Be specific) | <u>re(s) here</u> : | | |
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| . If an an provis (i) | nendment provides for an excludes for an excludes for implementing the ame not applicable, indicate N/A) | hange, reclassific adment if not co | ation, or cancell otained in the ar | ation of issued sh mendment itself: | ares, |
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STAPLES 1781

PAGE 09/09

| The date of each at date this document v | nendment(s) adoption; 6/2/2015 | , if other than the |
|---|--|---------------------|
| uste this document t | vas algned. | |
| Effective date if ap | plicable: (no more than 90 days after amendment file date) | - |
| | (no more man so days agen anemanem fre date) | |
| Adoption of Amend | lment(s) (<u>CHECK ONE</u>) | |
| The amendment(by the sharehold | s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval. | |
| | s) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s): | |
| | er of votes cast for the amendment(s) was/were sufficient for approval | |
| by | (voling group) | |
| | (voling group) | |
| The amendment(action was not re- | s) was/were adopted by the board of directors without shareholder action and shareholder quired. | |
| The amendment(action was not re- | s) was/were adopted by the incorporators without shareholder action and shareholder quired. | |
| . D | gnature Willie C. Rames Jr. | |
| Si | enature Willie C Rames L. | |
| | (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, trustez, or other court appointed fiduciary by that fiduciary) | • |
| | Willie Calvin Barnes Jr. | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | _ |