

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MOVE IT USA INC.

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## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MOVE IT USA INC. DOCUMENT NUMBER: P15000050362 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sal Abecasis Name of Contact Person Allstate Corporate Services Corp. Pirm/ Company 1222 Avenue M, Suite 301 Brooklyn, NY 11230 City/ State and Zip Code sal@acs123.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (800 906-9220

Area Code & Daytime Telephone Number Naomi Ostopowitz Enclosed is a check for the following amount made payable to the Florida Department of State: S \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

> 2661 Executive Center Circle Tallahassec, FL 32301

Tallahassee, FL 32314

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## Articles of Amendment to Articles of Incorporation ASSET, FLORIDA of

MOVE IT USA INC.			
(Name of Corporation as currently file	d with the Florida De	ont. of State)	•
P15000050362			_
(Document Number of C	corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida atts Articles of Incorporation:	Statutes, this <i>Florida F</i>	Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the cor-	poration:		
MOVE IT USA INC.			_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A		abbreviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	ŒSS)		-
			<del>-</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	, <u> </u>		_
			_
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		orida, enter the name of the	_
Name of New Registered Agent			
		_	
<del></del>	(Florida street addres	<i>i)</i>	
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	am familiar with and a		
dignature of New	Registered Agent, if c	nanging	

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 neversary)

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 affice 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: XChange	el <u>Tq</u>	ohn Doo	•	
X Remove	Y M	Mike lones		
_X Add	SY S	ativ Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	VP_	Stephen Cantalupo	3700 nw 124th ave suite 121	
X Add	<del></del>		Coral Springs fl 33065	
Remove				
2) Change	Sect.	Robin Gruber	3700 nw 124th ave suite 121	
X Add			Coral Springs fl 33065	
Remove				
3) Change	<del></del>			
Add				
Remove	•			
4) Change				
Add				
Remove		·		
5) Change		0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
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6) Change	<del></del>			
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an amendment provider provisions for implemen	a for an exchang	e. recinstific	ation, or cance	llation of issued	ghares.	
rovisions for implemer (if not applicable, inc	<u>(fing the amenda:</u> dicate N/A)	<u>ient lf not co</u>	ntained in the	imendment lise	<u>(f:</u>	
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The date of each amendment(s)	adoption: 06/15/2015
Effective date if applicable:	(no mors than 90 days after amundment file dats)
Adoption of Amendment(s)	(CHECK ONE)
_ `	dopted by the shareholders. The number of votes cast for the amendment(s)
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/wore a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 06/15	/201/5/
Signature	elfon
Z select	director; president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ROBERT BONI
	(Typed or printed name of person signing)  President
	(Title of person signing)