## P15000079864

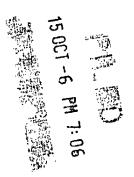
(Re	questor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: N CAPE UPS INC		
DOCUMENT NUME	BER: P15000079864		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	HARLEEN SETHI		
		Name of Contact Person	1
	N CAPE UPS INC		
		Firm/ Company	
	1242 SW PINE ISLAND RE	STE 42	
		Address	
	CAPE CORAL, FL 33991		
		City/ State and Zip Cod	e
ORA	NGESINGH1980@GMAIL.C	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
HARLEEN SETHI		at (	898-7805
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassec, FL 32314	Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



N CAPE UPS INC

			3000000
<u></u>	f Corporation as currentl	y filed with the Florida Dept. of Sta	te) G
215000079864			
	(Document Number o	f Corporation (if known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	e following amendment(s)
. If amending name, enter the new na	me of the corporation:		
SAM AND VAT INC			The now
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design cord "chartered," "professional associat	ation "Corp," "Inc," or "	Co". A professional corporation na	
. <b>.</b>		N/A	
<ol> <li>Enter new principal office address, i Principal office address <u>MUST BE A ST</u></li> </ol>			
. ,,			
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	
(muming dum css MATT BE ATTOOT C	THEE BOX		
). If amending the registered agent an	d/or registers d office add	vess in Florida, anter the name of th	•
new registered agent and/or the new			<u> </u>
Name of Name Business J. 4 and	HARLEEN SETHI	-	
Name of New Registered Agent	POLL CAL CON POINTS	LOOP	<del></del>
	8911 FALCON POINTE		
	·	reet address)	22012
	FORT MYERS	Planta	33912
New Registered Office Address:	TORTMITERS	(City), Florida	(Zip Code)

## 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DASHMESH SETHI	8911 FALCON POINTE LOOP
Add			FORT MYERS, FL 33912
X Remove			
2) Change	P	HARLEEN SETHI	8911 FALCON POINTE LOOP
X Add			FORT MYERS, FL 33912
Remove			
3 ) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u></u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
· ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	Il not be listed as the
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)	
(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	
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)	
HARLEEN SETHI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	