P15000086785

(Red	questor's Name)	
(Add	dress)	
_ (Add	dress)	
(City	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u></u>
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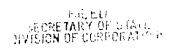
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: DOCKSIDE DEL	IVERIES, INC.	
DOCUMENT NUME	P15000086785		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Sabrina Stone		
•		Name of Contact Person	n
	Dockside Deliveries, Inc.		
•		Firm/ Company	
	1781 Slough Court		
		Address	.
	Ocoee, Florida 34761		
•		City/ State and Zip Cod	е
sabrin	a.stone325@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		300-1038
	f Contact Person	at (407	de & Daytime Telephone Number
	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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation



2016 SEP 16 PM 2: 27

of DOCKSIDE DELIVERIES, INC.

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
P15000086785			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
Not Applicable		The new	
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1781 Slough Court	
		Ocoee, Florida 34761	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1781 Slough Court	
		Ocoee, Florida 34761	
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	Not Applicable		
	(Florida s	treet address)	
New Registered Office Address:	1781 Slough Court, Ocoe	ee , Florida ³⁴⁷⁶¹	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: with and accept the obligations of the position.	
	Signature of New	Registered Agent, if changing	
	Signature of New	regimered rigerii, ij chunging	

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Not Applicable	
Add			
Remove			
2) Change		Not Applicable	
Add			
Remove			
3)Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: ('Attach additional sheets, if necessary). (Be specific)
Not Applicable

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
Not Applicable

	Not Applicable		
The date of each amendment date this document was signed.		jf other than the	F1
Effective data if applicables	Not Applicable	HYISION OF CORPORAL	1(3.4
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	2016 SEP 16 PM 2:	27
	his block does not meet the applicable statutory filing requirements, this be Department of State's records.	date will not be listed as the	he
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendme re sufficient for approval.	nt(s)	
	e approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement	
"The number of votes	cast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
,	(voting group)		
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	lder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder		
Dated	7-13-16		
Signature	9-13-16 Sabrina Stone		
(D)	y a director, president or other officer – if directors or officers have not be lected, by an incorporator – if in the hands of a receiver, trustee, or other c		
	pointed fiduciary by that fiduciary)	Jul 1	
	Sabrina Stone (Typed or printed name of person signing)		
	Vice President (Title of person signing)		
	(Title of person signing)		