## P16000002483

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## **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION: Gray Bull Van Lines Inc.  DOCUMENT NUMBER: P16000000483					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Bridgett Henderson  Name of Contact Person  Long Distance Maying & Storage Firm/ Company  7474 Centauli ed  Address  Sax Fl 37115  City/ State and Zip Code  Bridgett Ograybyl com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Bridge H Henderson at (964) 383-7091  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)					
Mailing Address  Amendment Section  Amendment Section					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation of

FILED SECRETARY OF STAIL VISION OF CORPORATION

Δ '	^ ,		01		2771070	• • • • • • • • • • • • • • • • • • • •	
Gray	Bull	Van	Lines	InC filed with the Flori	.2016 AU	G 22	AH 10: 51
/	( <u>Name</u>	of Corporat	ion as currently	filed with the Flori	da Dept. of State)		
	P16	0000	20048	?3			
	, ,	(Docum	nent Number of (	Corporation (if know	m)		
Pursuant to the provision its Articles of Incorpora		7.1006, Florid	a Statutes, this F	lorida Profit Corpor	ration adopts the fol	lowing a	imendment(s) to
A. If amending name.	enter the new n	ame of the c	orporation:				
name must be distings "Corp.," "Inc.," or Coword "chartered," "pro-	o.," or the desig	nation "Corp	$\rho,$ " "Inc," or "C	o". A professional	"incorporated" or corporation name	T the abb must co	The new reviation ntain the
B. Enter new princips (Principal office addre				53474 Say 71	Centau 32210	igi	Ed
C. Enter new mailing (Mailing address M			<u>)X</u> )	1323 S D. Lau 33065	Sw 75th derstate	Aug Fl	2
D. <u>If amending the re</u> new registered age				ss in Florida, enter	the name of the		
Name of New 1	Registered Agent			<del></del>			
			(Florida stree	t address)	- 44.5		
<u>New Registered</u>	d Office Address:				. Florida		
			(C	City)		(Zip Cod	de)
New Registered Agent I hereby accept the app	's Signature, if cointment as regis	hanging Reg tered agent.	gistered Agent: I am familiar wii	th and accept the obl	ligations of the posi	tion.	
		Sign	ature of New Reg	gistered Agent, if cha	inging		•

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)	Title	Name	į	<u>Addres</u> s
1) Change			 <u> </u>	
Add			_	
Remove			_	
2) Change				
Add		<del></del>		
Remove			_	
3) Change				
Add		-		
Remove			_	
4) Change			 -	
Add			_	
Remove			_	
5) Change			 	
Add			_	
Remove			_	
6) Change			 -	
Add			_	
Remove				

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

The date of each amendment(s) a date this document was signed.	doption: 8-8-16	, if other than the
Effective date-if applicable:	8-8-16	SEURETARY OF STATE JIVISION OF CORPORATION ofter amendment file date)
	(no more than 90 days o	nfter amendment file date) 2016 AUG 22 AM 10: 51
Note: If the date inserted in this document's effective date on the De		atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The numbe ufficient for approval.	r of votes cast for the amendment(s)
	proved by the shareholders through vor each voting group entitled to vote sep	
"The number of votes cast	for the amendment(s) was/were suffic	ient for approval
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without share	reholder action and shareholder
Dated	-8-16	
	d, by an incorporator – if in the hands	
арроіл	ted fiduciary by that fiduciary)	
	Bridgett (Typed or printed name of	person signing)

(Title of person signing)