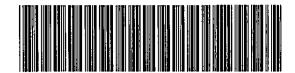
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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Chip's

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GALAXY FREIG	HT, INC.				
DOCUMENT NUMBI	ER: P16000026292					
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.				
Please return all corresp	ondence concerning this ma	atter to the following:				
_		TOM O WILLIAMS	···			
		Name of Contact Person	n			
_	GALAXY FREIGHT, INC.					
		Firm/ Company				
_	34440 DONNA VISTA PL.					
	Address					
	EUSTIS, FL 32736					
_		City/ State and Zip Cod	e			
		ALAXYFREIGHTINC@GI sed for future annual report				
	E-man address. (to be th	sed for future amiliar report	notification)			
The off of the force of	e see e					
For Juriner Imormation	concerning this matter, pleas	se cail:				
DAMD		050	504 4000			
	ARA PERRY Contact Person	at (<u>850</u>				
Enclosed is a check for t	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)			
Mailing Address		Street Address				
Amendment Section Division of Corporations		Amendment Section				
	on of Corporations Box 6327	Division of Corporations Clifton Building				
	assee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GALAXY FREIGHT, INC.

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

(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	
B. Enter new principal office address, if applicable:	34440 DONNA VISTA PL.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	EUSTIS, FL 32736	Sold on M
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	34440 DONNA VISTA PL.	0.50
	EUSTIS, FL 32736_	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent N/A		<u>e</u>
(Florida s	treet address)	
New Registered Office Address:	(City), Florid	a(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	, ,	position.

Signature of New Registered Agent, if changing

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 Do	2			
X Remove	¥	Mike Jones				
X Add	SV	Sally Smith				
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) N/A Change	<u></u>	_				
Add						
Remove						
2) Change		_				
Add						
Remove						
3)Change		_				
Add						
Remove						
4) Change						
Add	-					
Remove						
5) Change		-				
Add						
Remove						
6) Change		_				
Add						
Remove						

	additional sheets, if necessary). (Be specific)	ge(s) here:		
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	<u>,</u>				
					<u> </u>
-			<u></u>		
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lf an a	nmendment provides for an e	kchange, reclassifi	cation, or cancellat	ion of issued shares	ia.
provi	isions for implementing the a	mendment if not c	cation, or cancellat ontained in the ame	ion of issued shares indment itself:	.
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The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with 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)	
☐ 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.	
Dated12/15/16	
Signature Tom & Illiams	
(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)	
TOM O WILLIAMS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	