P/6000029269

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: DCA INVESTME	NT CORP			
DOCUMENT NUMBI	ER: P16000029269				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
(OSYANDY CASANOVA				
_	<u></u>	Name of Contact Persor	1		
1	DCA INVESTMENT CORP				
_		Firm/ Company			
I	12901 Port Said BAY I				
-	Address				
(OPALOCKA, FL 33054				
_		City/ State and Zip Code	2		
OSYA	NDY@YAHOO.ES				
	•	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
OSYANDY CASANOVA		786 at (5455225 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DCA INVESTMENT CORP (Name of Corporation as currently filed with the Florida Dept. of State) P16000029269 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DCA LOGISTICS CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) . Florida New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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.

Example: X Change	<u> 14</u>	John Do	<u>e</u>	
\underline{X} Remove	$\underline{\mathbf{y}}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		•
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		- -	•	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	-
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
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· · · · · · · · · · · · · · · · · · ·	<u>. </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no	more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK	ONE)
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approx	holders. The number of votes cast for the amendment(s) val.
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	eholders through voting groups. The following statement p entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	
by	<u> </u>
(voting g	roup)
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incoraction was not required. Dated	porators without shareholder action and shareholder
(By a director, president,	or other officer – if directors or officers have not been not eit in the hands of a receiver, trustee, or other court nat fiduciary)
OSYANDY CA	SANOVA
(Type	ed or printed name of person signing)
PRESIDENT	
	(Title of person signing)