# P16000033058

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(Ke	questor's Name)	
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(Cit	ry/State/Zip/Phone	<i>⊋</i> #)
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CHARLOTTE MO	OVING CENTER INC	
DOCUMENT NUMI	P16000033058		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	NURSHOD GAZIEV		
		Name of Contact Persor	<u> </u>
	CHARLOTTE MOVING CE	ENTER INC	
		Firm/ Company	
	14726 CALUSA PALMS DI		
		Address	
	FORT MYERS, FL 33919		
		City/ State and Zip Code	e
move	rcharlotte@gmail.com		
		sed for future annual report	notification)
	·	·	
For further information	n concerning this matter, pleas	se call:	
NURSHOD GAZIEV		at (	233-6817
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
	ū	. ,	
S35 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)
	ling Address	Street	Address
	endment Section	Amendment Section	
Division of Corporations		Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



## (Name of Corporation as currently filed with the Florida Dept. of State) P16000033058 (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: 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." 11407 VISTA HAVEN DR B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) CHARLOTTE, NC 28226 C. Enter new mailing address, if applicable: 11407 VISTA HAVEN DR (Mailing address MAY BE A POST OFFICE BOX) CHARLOTTE, NC 28226 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: New Registered Agent's Signature, if changing Registered Agent: I hereby 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: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		RAMZIDDIN SHAMSIDDINOV	11407 VISTA HAVEN DR
X Add	•			CHARLOTTE, NC 28226
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				<u> </u>
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

•	Articles, enter chars). (Be specific)			
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f an amendment provides for an	exchange reclassi	fication or cancella:	tion of issued share	<b>t</b> .
	amendment if not	contained in the am	endment itself:	<u>-</u>
provisions for implementing the				
provisions for implementing the (if not applicable, indicate N/	4)			
provisions for implementing the	4)			
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	05/30/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
·	7/30/2019	
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/30/20	19	
DatedSignature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	NURSHOD GAZIEV	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	