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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LIONHEAD EXPRESS, INC. DOCUMENT NUMBER: P16000044898 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JONATHAN WOGINIAK Name of Contact Person LIONHEAD EXPRESS, INC. Firm/ Company 3440 HOLLYWOOD BLVD STE 415 Address HOLLYWOOD, FLORIDA 33021 City/ State and Zip Code JONATHAN.WOGINIAK@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JONATHAN WOGINIAK at ( 786 ) 332-0300

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

	 ncorporation of	
LIONHEAD EXPRESS, INC.		
(Name of Corporation as curren	tly filed with the Florida Dept. o	of State)
P16000044898		
(Document Number	of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes, thin its Articles of Incorporation:	s Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
FAST FORWARD DELIVERY, INC.		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporati	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19569 NE 36 PL	DE FIL
	AVENTURA, FL 33180	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		of the
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:	

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.

X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		<u> </u>
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change	<del> </del>	_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			<del></del>	
Remove				

Attach additi	r adding additional Articles, enter change(s) here: nal sheets, if necessary), (Be specific)	
	<del></del>	
	<del></del>	
·		
		• •
f an amendi	ent provides for an exchange, reclassification, or cancellation of issued shares	
provisions f	ent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself:	
(if not a	plicable, indicate N/A)	
		_

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 the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 11-	9-17	
Signature		
(B) sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JONATHAN WOGINIAK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	