## P1600008574

(Requestor's Name)
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## COVER LETTER

Division of Corporations NAME OF CORPORATION: \_\_\_\_\_ SKOL LOGISTICS, INC. DOCUMENT NUMBER: P16000082574 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marina Coppens Name of Contact Person MB Coppens Accounting, Inc. Firm/ Company 1800 NE 171 Street Address North Miami Beach, FL 33162 City/ State and Zip Code mbcoppens1800@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 947-1412 Area Code & Daytime Telephone Number Marina Coppens Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ■ \$35 Filing Fee \$43.75 Filling Fee & □\$52.50 Filing Fee

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enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

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

Street Address

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

Certificate of Status

Certified Copy (Additional Copy

is enclosed)

## Articles of Amendment to Articles of Incorporation of

( <u>Name</u> )	of Corporation as currently	filed with the Florida Dept	. of State)	
P16000082574				
	(Document Number of	Corporation (if known)	<del>.</del>	
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this I	Horida Profit Corporation ac	lopts the following	g amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
n/a				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	lo". A professional corpora	rated" or the al ition name must c	- obreviation
3. Enter new principal office address,		n/a		
Principal office address <u>MUST BE A S</u>	TREET ADDRESS )			
				<del></del>
Enter new mailing address, if appl		n/a		
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u> )			
		<del></del>		
<ol> <li>If amending the registered agent an new registered agent and/or the ne</li> </ol>			ie of the	
	MB Coppens Accounting, I			
Name of New Registered Agent	1800 NE 171 Street	·		
	(Florida stre	at address)		
	North Miami Beach	Cr www.c.sy	33162	
New Registered Office Address:		City)	, Florida <u>(Zîp C</u>	
	'	( n; )	(Zip C	oaci
Sew Registered Agent's Signature, if c	hanging Registered Agent:			
hereby accept the appointment as regist		ith and accept the obligation,	s of the position.	
		2		
	Marine Co	Mus		en/se
/		<u> </u>		4 6
	Signature of New Re	gistered Agent, if changing	200 T2	<del></del>
				Same A.
			<u> </u>	

## If amending the Officer's 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 Doe	
X Remove	$\overline{\lambda}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	n/a	n'a	n/a
n/aAdd			
n/a Remove			
2) Change	n/a	n/a	n/a
n/aAdd			<del></del>
n/u Remove			
3) Change	n/a	n/a	n/a
n/a Add			
n/a Remove			
4) Change	n/a	n/a	n/a
<u>n/a</u> Add			
n/a Remove			
5) Change	n/a	n/a	n'a
n/a Add			
n/a Remove			
6) n'a Change	n/a	n/a	n/a
n/a Add			
n/a Remove			

	mending or adding additional Articles, enter change(s) here:
(Atta	ich additional sheets, if necessary). (Be specific)
ı/a	
· If a	a amendment provides for an exchange, reclassification, or cancellation of issued shares,
nro	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
ı/a	

The date of each amendment(s) a date this document was signed.	doption:	06/01/2	0/7	, if other than th
Effective date <u>if applicable</u> :	<del></del>			
	(no more	than 90 days after amendn	vent file date)	
Note: If the date inserted in this bedocument's effective date on the De			requirements, this date v	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE	)		
☐ The amendment(s) was/were add by the shareholders was/were su		s. The number of votes cas	st for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
		as/were sufficient for appro	oval	
by			,"	
	(voting group)			
☐ The amendment(s) was/were add action was not required.	opted by the board of dir	rectors without shareholder	action and shareholder	
The amendment(s) was/were addaction was not required.	opted by the incorporator	rs without shareholder actio	on and shareholder	
Dated	6/07/20	77-		
Signature		er officer – if directors or o	St	
selecte		if in the hands of a receiver		
	Olph (Typed or pr	Sleave Constitute Finited name of person signi	ng)	
	P			
	1	(Title of person signing)		