## Processon

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	(Requesto	r's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		ļl.
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	(Addross)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAłŁ  (Business Entity Name)  (Document Number)	(Address)	1
(City/State/Zip/Phone #)  PICK-UP WAIT MAłŁ  (Business Entity Name)  (Document Number)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAłŁ  (Business Entity Name)  (Document Number)		\\
(Business Entity Name) (Document Number)	(Address)	
(Business Entity Name) (Document Number)		11
(Business Entity Name) (Document Number)		
(Business Entity Name) (Document Number)	(City/State	/Zin/Phone ti)
(Business Entity Name) (Document Number)	(City/State	Zipir none #)
(Business Entity Name) (Document Number)		) <del>\</del>
(Business Entity Name) (Document Number)	D BICK JIB	MARIT MARIE
(Document Number)		The state of the s
(Document Number)		U.
(Document Number)		
(Document Number)	(Business	Entity Name)
	(243111033	
	(Documen	t Number)
Continue Continue (Continue (Continu		
0-4/6-4 0-4/6-4		ĮĮ.
Certified Copies Certificates of Statusi	Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	Special Instructions to Filing (	Officer:
Special moderations to 1 ming of model.		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\ <u>\</u>
		1
<u> </u>		1}
<u> </u>		1
<b>\</b>		11
<u> </u>		





100303302931

09/05/17--01033--021 \*\*35.00

SEP 1 3 2017 S. YOUNG TY SEP -5 PH 4: 07
SECRETARY OF STATE
TALLAHASSEE; FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: SKYII LO	CLS+iCS INC Name of Corporatio	n
DOCUMENT NUMBER: P	100000070	2
The enclosed Statement of Change	 of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence cor		·
·		,
Jennif	DIA C-C-	_
	Name of Contact Pers	on
CLUTT	lastine 1000	
3/1+	Name of Contact Pers  Name of Contact Pers  Logistics INC  Firm/Company  Company  Address	
rubser al		1/1000
<u>9708 CT</u>	I Address	# 1202
Jampa	FL 33617 City/State and Zip Co	de
	\\	
	Mi. Logistics	incomail.com
E-mail address	(to be used for future and	nual report notification)
For further information concerning	his matter, please call:	
Jennifer Neco.		ea Code & Daytime Telephone Number
Name of Contact Per	son Ar	ea Code & Daytime Telephone Number
7. 1. 1: #35.00 L L		
Enclosed is a \$35.00 check made pa	yable to the Department of S	State.
<b>.</b>		
<u>Mailing Ad</u> Amendmer		Street Address: Amendment Section
Division o	`Corporations	Division of Corporations
P.O. Box 6	327 LIFL 32314	Clifton Building
r ananasse	AFL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	1.1	

CR2E045 (03/12)

Articles of Amendment to Articles of Incorporation

	of			
CKY ET / OC	astics "	$\sqrt{c}$		
(Name of C	orporation as currently	filed with the Florida Dep	ot, of State)	
717000	0000702	<u>-</u>		
	(Document Number of	Torporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation w	idopts the following ame	indiment(s) to
A. If amending name, enter the new name	of the corporation:	•		
	1	JA	The	new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp," "Inc," or "C " or the abbreviation "F	o". A professional corpor	orated" or the abbrev	iation
B. Enter new principal office address, if a (Principal office address MUST BE A STR)				<del></del>
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/o	TCE BOX)	Sin Florida, enter the nat	LLAHASSER SER	14 SEP 75
new registered agent and/or the new re	gistered office address:	25 th Tyrida, that the uni	10 m	<b>₽</b> □
Name of New Registered Agent		12		D PH 4: 07
		•		97
	tFlorida stree	t address)	•	
New Registered Office Address:	1	ity)	, Florida	<del></del>
New Registered Agent's Signature, if chan-	 zing Registered Agent:			
I hereby accept the appointment as registered	l deen - Lam familiar wi	th and accept the obligation. tistered Agent, if changing	is of the position.	

Executive Officer; CFO	rector titt President Chief t	le by the firs t: T = Treasi Financial Q	irer; S= Secretary; Jiver, If an officer	D. Director: IR T	rustee; C = Chairman or Clerk; CEO than one title, list the first letter of each	
held, President, Treasure,				n Dani is listed on the	PST and Mike Jones is listed as the $V_{\gamma}T$	hara n
					should be noted as John Doc, PT as a C	
Mike Jones, U as Remove				arm - amen, mai	some of more as some the, it is a v	mange.
Example:		· · · · · · · · · · · · · · · · · · ·				
X Change	PT	John Doe				
X Remove	$\underline{Y}$	Mike Jone	5			
$\underline{X}$ Add	<u>\$V</u>	Sally Smit	<u>h</u>			
Type of Action (Check One)	Title	2	anic		<u>Addres</u> s	,
1) Change	<u>VP</u>	_ (	hristina	Leyes	9408 Channing Cr.	de #1202
Add				•	Tampa FL	
_X_ Remove					33617	
2) Change		<u> </u>				
Add						
Remove						
3 ) Change	<del></del>		<u> </u>	<del></del>		
Add						
Remove						
4) Change		- <u>-</u>	<u> </u>			
Add						
Remove						
5) Change						
Add						
Remove						
6) Change			<u> </u>	··· <u> </u>		
Add						
Remove			]]			

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).	
	NA
<del></del>	<u> </u>
If an amandment provider for an archae	
provisions for implementing the amend	injent if not contained in the amendment itself:
(if not applicable, indicate N A)	
· <del></del>	
	<u>                                     </u>
	\\

The date of each amendment(s) adoption:	9/1/17 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 document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the fistance's records.
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	te shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amo	 
by	<u></u>
(Ye	ling group)
action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated9/1/	17
Signature	11
(By a director, pre	idenyo whe officer - if directors or officers have not been
appointed fiduciar	opporator — in the hands of a receiver, trustee, or other court by that fiduriary)
	ennifer Newson
<del></del>	(Typed or printed name of person signing)
	President
	(Title of person signing)
	II