

6/12/2017 10 36 22 AM PDT

13239628300 From Amanda Sando

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INTERNATIONAL DEPLOYMENT SOLUTIONS, INC

DOCUMENT NUMBER: P17000027318

The enclosed Articles of Amendment and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Contact Person

LegalZoom.com, Inc.

Firm/ Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/ State and Zip Code

iba.leka82@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call-

Cheyenne Moseley	at (800	) 773-0888 ext. 9724
Name of Contact Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43-75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

S52 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 <u>Street Address</u> Amendment Nection Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To: Page 4 of 7

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6/12/2017 10 36 22 AM PDT

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	to	TALE AND SEE	E FLORIDA
	ncorporation of	19	
INTERNATIONAL DEPLO		4.	
(Name of Corporation as currently filed with the			
P17000027318			
(Document Number of Corporation	(if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, th s Articles of Incorporation: If amending name, eater the new name of the corporation:			-
ame must be distinguishable and contain the word "corporat		or "incompated" or the	The new
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or	· "Co". A professio	onal corporation name mus	t contain the
Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered," "professional association," or the abbreviation <b>5. Enter new principal office address, if applicable:</b>	· "Co". A professio	onul corporation nume mus	t contain the
Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered," "professional association," or the abbreviation <b>5. Enter new principal office address, if applicable:</b>	"Co". A profession "P.A." 433 CENTRA SUITE #300	onul corporation nume mus	
Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation 3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )	"Co". A profession "P.A." 433 CENTRA SUITE #300	onul corporation name mus AL AVE ERSBURG, FL 33701	
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"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation 3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> ) C. Enter new mailing address, if applicable:	"Co". A professio "P.A." 433 CENTR/ SUITE #300 SAINT PETE 433 CENTR/ SUITE #300	onul corporation name mus AL AVE ERSBURG, FL 33701	
Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation <b>3.</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 <u>MAY BE A POST OFFICE BOX</u> )	<ul> <li>"Co". A profession</li> <li>"P.A."</li> <li>433 CENTRA</li> <li>SUITE #300</li> <li>SAINT PETE</li> <li>433 CENTRA</li> <li>SUITE #300</li> <li>SAINT PETE</li> <li>SAINT PETE</li> <li>Kiress in Florida, etc.</li> </ul>	AL AVE ERSBURG, FL 33701 AL AVE ERSBURG, FL 33701	
<ul> <li>'Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation</li> <li><u>Enter new principal office address, if applicable:</u></li> <li>Principal office address <u>MUST BE &amp; STREET ADDRESS</u>)</li> <li><u>Enter new mailing address, if applicable:</u></li> <li>(Mailing address <u>MAY BE &amp; POST OFFICE BOX</u>)</li> <li><u>If amending the registered agent and/or registered office address</u></li> </ul>	<ul> <li>"Co". A profession</li> <li>"P.A."</li> <li>433 CENTRA</li> <li>SUITE #300</li> <li>SAINT PETE</li> <li>433 CENTRA</li> <li>SUITE #300</li> <li>SAINT PETE</li> <li>SAINT PETE</li> <li>Kiress in Florida, etc.</li> </ul>	AL AVE ERSBURG, FL 33701 AL AVE ERSBURG, FL 33701	
<ul> <li>"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation</li> <li>B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)</li> <li>C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> <li>D. If expending the registered agent and/or registered office address (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> <li>D. If expending the registered agent and/or registered office address (Name of New Registered Agent</li> </ul>	<ul> <li>"Co". A profession</li> <li>"P.A."</li> <li>433 CENTRA</li> <li>SUITE #300</li> <li>SAINT PETE</li> <li>433 CENTRA</li> <li>SUITE #300</li> <li>SAINT PETE</li> <li>SAINT PETE</li> <li>Kiress in Florida, etc.</li> </ul>	AL AVE ERSBURG, FL 33701 AL AVE ERSBURG, FL 33701	
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<u>New Registered Agent's Skynature, if changing Registered Agent:</u> 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

Page 1 of 4

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To Page 5 of 7

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6/12/2017 10 36 22 AM PDT

13239628300 From Amanda Sando

## 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)

ىرى الارمان الروارية والمان المار داريا المهامة الارتيان معاملة وروامواروم ومارين معاملة ومانو بين والدينة مرية

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 Doe	
X Remove	Σ	Mike Jones	
46.4 V	ev	Salle Samith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) K Change	PTSD	Iba Leka	340 College Ave
Add			New Hope
Remove			AL. 35760
2) Change	<u>т</u>		190 45T AVE NE
Add			SAINT PETERSBURG, FL
Kemove			33703
3) Change	S	JOSEPH CROCITTO	190 45T AVE NE
Add			SAINT PETERSBURG, FL
Remove			33703
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			<b></b>
Remove			

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Page 6 of 7	6/12/2017 10 36-22 AM PDT	13239628300 From: Amanda Sar
E. If amending or adding addit	ional Articles, enter change(s) here:	
(Anach additional sheets, if ne	cessary), (Be specific)	
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		·····
F. If an amendment provides f	or an exchange, reclassification, or cancellation of issued	<u>) shares,</u>
provisions for implementia (if not applicable, indice	g the amendment if not contained in the amendment itse $v(A)$	
(i) not appressie, mater		
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Page 3 of 4

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			W The risk is a straight and a straight with the straight area.
	The date of each amendment(s) ad	option: <u>6/2/2017</u>	if other than the
	date this document was signed.		
	Effective date if applicable:	(no more than 90 days after amendment file date	
			7
	Adoption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the am ficient for approval,	rendroent(s)
	<ul> <li>The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</li> <li>"The number of votes cast for the amendment(s) was/were sufficient for approval</li> </ul>		
	by	(voling group)	
		pted by the board of directors without shareholder action and	shareboider
	The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and share	zholder
	Dated OG /QG	12017	
	Signature _	uladar	
	selected	rector, president or other officer – if directors or officers have 1, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
		lba Leka	
		(Typed or printed name of person signing)	
		President/ CEO	
		(Title of person signing)	

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