P1700005093a

(Re	questor's Name)				
(Ad	dress)				
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WHEN OF SULEMAN ASSET FROM NO. 13 P IZ: 13

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: NIKI TRUC	K CORP	
DOCUMENT NUMI	BER: P1700005093	32	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
	pondence concerning this mat		
	PABLO ARMAS		
	PADLU ARIVIAS		
	PRESIDENT	Name of Contact Person	
		Firm/ Company	
	130 STETSON S	Τ	
		Address	 -
	LEHIGH ACRES,	FL 33936	
		City/ State and Zip Code	:
INF	O@DIRECTSOL	UTIONSERVICE	ES.COM
	_	ed for future annual report	
For further information	n concerning this matter, pleas	e call:	
PABLO ARMAS SAURA		at (786	, 509-1325
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 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)
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

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NIKI		$J \cup N$	\sim	r

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000050932

ent(s) to

(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following an	
A. If amending name, enter the new name of the corporation:		
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 corporation name must con-	
B. Enter new principal office address, if applicable:	130 STETSON ST	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	LEHIGH ACRES, FL 33936	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4465 WHITTIER RD	
	WINSTON SALEM, NC 27105	
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the	
new registered agent and/or the new registered office address		
Name of New Registered Agent PABLO ARMAS	S SAURA	
130 STETSON	IST	
(Florida si	treet address)	
	ES, FL33936	
New Registered Office Address: LEHIGH ACRE		

1 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: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			<u></u> .

Attach anamo	or adding addition of addition of a sheets, if necessity of the additional sheets, if necessity of a sheet and a sheets.	rssary). (Be	specific)			
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provisions for	nent provides for or implementing oplicable, indicate	the amendme	, reclassificat nt if not cont	on, or cancel ained in the a	lation of <u>issuec</u> mendment itse	l shares, lf:
	·					
		 -				
						

The date of each amendment(s) adoption: 10/09/2017	, if other than the
date this document was signed.	_
Effective date if applicable: 10/09/2017	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_10/09/2017	
Signature Leadelle	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
PABLO ARMAS SAURA	
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	

. . .