

P17000060394

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Amendment Section
Division of Corporations

Anyway Relocation Services Inc
E OF CORPORATION: _____
P17000060394
UMENT NUMBER: _____

enclosed *Articles of Amendment* and fee are submitted for filing.

return all correspondence concerning this matter to the following:

Vladyslav Bondarenko

Name of Contact Person
Anyway Relocation Services Inc

Firm/ Company
2025 NE 164 Street, Apt.# 1012

Address
North Miami Beach, Florida 33162

City/ State and Zip Code

anywayrelocation@usa.com

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

urther information concerning this matter, please call:

Vladyslav Bondarenko 305 3162625

Name of Contact Person at () Area Code & Daytime Telephone Number

used is a check for the following amount made payable to the Florida Department 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)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Way Relocation Services Inc.

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

100060394

(Document Number of Corporation (if known))

ant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to
ticles of Incorporation:

amending name, enter the new name of the corporation:

*The new
must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"
" or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word
tered," "professional association," or the abbreviation "P.A."*

N/A

enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

N/A

amending the registered agent and/or registered office address in Florida, enter the name of the
ew registered agent and/or the new registered office address:

N/A

Name of New Registered Agent

(Florida street address)

N/A

New Registered Office Address:

, Florida

(City)

(Zip Code)

Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
ss of each Officer and/or Director being added:

h additional sheets, if necessary)

note the officer/director title by the first letter of the office title:

resident; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
ive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.
lent, Treasurer, Director would be PTD.

ges 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
nge, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,
Jones, V as Remove, and Sally Smith, SV as an Add.

ple:

ange PT John Doe

remove V Mike Jones

add SV Sally Smith

<u>of Action</u> <u>(k One)</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	P	Vladyslav Bondarenko	2025 NE 164 Street, Apt.# 1012
<input type="checkbox"/> Add			North Miami Beach, Fl 33162
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

imending or adding additional Articles, enter change(s) here:

ach additional sheets, if necessary). (Be specific)

an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

if the issued shares are transferred to Vladyslav Bondarenko, having an address at 2025 NE 164 street, apt.# 1012
Miami Beach, Florida 33162.

te of each amendment(s) adoption: N/A if other than the
s document was signed.

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ion of Amendment(s)

(CHECK ONE)

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.

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)

Amendment(s) was/were adopted by the board of directors without shareholder action and shareholder approval was not required.

Amendment(s) was/were adopted by the incorporators without shareholder action and shareholder approval was not required.

Dated 12/18/2019

Signature _____

(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)

Sergiy Artyukhov

(Typed or printed name of person signing)

President

(Title of person signing)