P 170000 4286

. (Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only

Le63-



000351406640

03/03/20--01011 -010 **25.00

09/11/20--01002--001 **10.00



20 SEP -9 AH 9:

SEESE TARY OF STATE

brund

SEP : 2020 D CUCHILIG

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

						
ASIA SHIPPING L	JSA, INC.					
						
				Art of Inc. File	12	¥s
				LTD Partnership File	- - - - - - - - - - - - - - - - - - -	23
				Foreign Corp. File	<u>'</u> -5	## 012-
				L.C. File	ف	RY CO
				Fictitious Name File		RPC RPC
				Trade/Service Mark	- 	
				Merger File	47	TIONS
				Art. of Amend. File	_	₹O
•				RA Resignation		
				Dissolution / Withdrawal		
•				Annual Report / Reinstatement	_	_
				Cert. Copy		
				Photo Copy		
				Certificate of Good Standing		-
				Certificate of Status	_	
				Certificate of Fictitious Name		_
				Corp Record Search		
				Officer Search		
				Fictitious Search		
Signature			-	Fictitious Owner Search		
Signature			<u> </u>	Vehicle Search		
			-	Driving Record		
Requested by: Seth				UCC 1 or 3 File		
				UCC 11 Search		
Name	Date	Time		UCC 11 Retrieval	-	
Walk-In	_ Will Pick	Up		Courier		
174 Ponder's Printing - Thomistiville GA	4/0C					

DocuSign Envelope ID: F9B891D4-F4B6-4425-BD69-195499B4B984 COVER LETTER

TO: Registration Section **Division of Corporations** Change of Principal Address and Mailing Address SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Taciana Davidson Name of Person Asia Shipping USA Inc. Firm/Company 3470 NW 82nd Avenue, Suite 890 Address Miami, FL 33122 City/State and Zip Code taciana.davidson@us-asgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 602-2055 Taciana Davidson Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address:

Mailing Address:

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

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



September 3, 2020

CAPITAL CONNECTION, INC.

SUBJECT: ASIA SHIPPING USA, INC.

Ref. Number: P17000064286

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

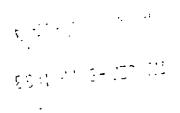
The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 820A00016926



Articles of Amendment to

Asia Shipping USA Inc.

Articles of Incorporation of

713iu Shipping CO7t inc.	
(Name of Corporation as current) P1700064286	ly filed with the Florida Dept. of State)
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co"	A professional corporation name must contain the word
chartered." "professional association." or the abbreviation "P.A."	3470 NW 82nd Avenue, Suite 890
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33122
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3470 NW 82nd Avenue, Suite 890
The state of the s	Doral, FL 33122
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	·•
hereby accept the appointment as registered agent. I am familiar	
Signature of New R	Registered Ayent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>P1</u>	John Do	<u>ee</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	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				

	iceis, y necessury).	ticles, enter change (Be specific)			
					<u> </u>
					
·					
_					
<u> </u>			_		
				<u> </u>	
	·			· <u>·</u>	_
				 -	
					
			 -		
-					-
n amendment n	rovides for an excl	hanga raglassificat	ion or appositation	on of issued above	
ovisions for imp	lementing the amo	hange, reclassificat endment if not cont	ained in the ame	ndment itself:	<u>5.</u>
(if not applicab	ble, indicate N/A)	•		<u> </u>	
		_		_	
					

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the flicient for approval.	e amendment(s)
	roved by the shareholders through voting groups. The folioeach voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
9/8/2020		
Dated	DoduSigned by:	
Cianoturo	Farrale koch	
selected	rector, president or other officer – if directors or officers h i, by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary) Farrah Koch	
	(Typed or printed name of person signing) Secretary	
	(Title of person signing)	