## PMDD 6439

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SEP 2 0 2017 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: INTEGRATE	D DELIVERY SOLUTIONS, INC.
DOCUMENT NUMBER: P17000066439	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
JO ANN M. KOONTZ,	 BSQ.
	Name of Contact Person
KOONTZ & ASSOCIA	FES. PL
	Firm/ Company
1613 FRUITVILLE RD.	
SARASOTA, FL 34236	Address
	City/ State and Zip Code
E-mail address: (to	te used for future annual report notification)
For further information concerning this matter.	lease call:
JOANN@KOONTZASSOCIATES.COM	941 225-2615
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	 ade payable to the Florida Department of State: 
■ \$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

INTEGRATED DELIVERY SOLUTIONS, INC.

	[i
(Name of Co	reporation as currently filed with the Florida Dept. of State)
P17000066439	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:
	the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the "or the abbreviation "P.A."
B. Enter new principal office address, if ap	
(Principal office address <u>MUST BE A STRE</u>	ET ADDRESS )
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the
	<u>**</u> · O
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

(Attach additional she Please note the offices		sary) le by the first letter of the office titl	o·
			e. = Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer: Cl	FO = Chief	Financial Officer. If an officer/dir	rector holds more than one title, list the first letter of each office
held. President, Treas	iurer, Direct ated in the fe	or would be RTD.	Ooe is listed as the PST and Mike Jones is listed as the V. There is
a change, Mike Jones	leaves the c	corporation, Sally Smith is named t	he V and S. These should be noted as John Doe, PT as a Change,
Mike Jones, V as Rem	ove, and Sai	lly Smith, SV as an Add.	Ť
Example: X Change	<u>PT</u>	John Doe	
A Change	<u> </u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name    	<u>Addres</u> s
1) X Change	PS	IAN HARDING	14610 SUNDIAL PL.
Add			LAKEWOOD RANCH, FL 34202
Remove			
Kemove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
<del>_</del>			
Add			
Remove			
6) Change	<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)

E. If amending or adding additional Articles	anter change(s) here:
(Attach additional sheets, if necessary). (E	genter Change(s) here. Be specific)
	II
F. If an amendment provides for an exchang	e, reclassification, or cancellation of issued shares, with the amendment itself:
(if not applicable, indicate N/A)	the amendment itself:
···	
	II

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CI	IECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	 ndment(s) was/were sufficient for approval
by	ting group)
	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
9/14/2017 Dated	
Signature	2
(By a director, pres	ident or other officer – if directors or officers have not been opporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
IAN HARI	   DING 
<del></del>	(Typed or printed name of person signing)
PRESIDEN	II & SECRETARY
	(Title of person signing)