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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SHIPIT BOX INC				
DOCUMENT NUM	017000077707				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	EDNA MENDEZ				
		Name of Contact Persor	1		
	EMPIRE BUSINESS & TAX ADVISORS, LLC				
		Firm/ Company			
	201 RUBY AVE SUITE A				
	Address				
	KISSIMMEE, FL 34741				
		City/ State and Zip Code	•		
	ednamendez@empirebta.con	1			
		sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
EDNA MENDEZ		at (	613-0850		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 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)		
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

SHIPIT BO	DX INC
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(Name of Corporation as currently	filed with the Florida Dept. of State)	-
P17000067607	· · · · · · · · · · · · · · · · · · ·	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the follo	owing amendment(
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "ce "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:	6874 Dolce Way, Orlando FL 32819	
(Principal office address MUST BE A STREET ADDRESS )		
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6874 Dolce Way, Orlando FL 32819	
		26
	<u></u>	<u> </u>
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	1.
new registered agent and/or the new registered office address:		= 17
Name of New Registered Agent		A O
		<u>ച</u>
(Florida stre	et address)	F
New Registered Office Address:	, Florida Civy	Zip Code)
	,	,
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the positi	ion.
Signature of New Re	gistered Agent, if changing	<del></del>
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	e). F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 hel 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John Doe</u>		
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>		<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3 ) Change		_		
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4) Change	<u></u> .	<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
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<u>t an amendmei</u>	nt provides for an e implementing the a	xchange, reclass	ification, or cane	ellation of issued sh	ares,
(if not appl	licable, indicate N/A)	)	t contained in the	amendment tesen.	
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APRIL 27, 2020 The date of each amendment(s) adoption: \_\_\_ if other than th date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: 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. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 (voting group) APRIL 27, 2020 Dated (By a director, president of 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)

MARCO MEDUGNO

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)