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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Deland Air and Sea Brokerage Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacqueline Karlsen Name of Contact Person Deland Air and Sea Brakerage Inc Firm/ Company 919 Riscayne Rlud Honger 10 Address Deland H 32724 City/ State and Zip Code Deland Gardsea Mail cam E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Douglas Karlsen at 32 504.1667 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
-L Stabot minute

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

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Articles of Incorporation			
Deland Air and Sea Brokerage	In	C	
(Name of Corporation as currently filed with the Florida Dept. of state)			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing am	endme	nt(s) to
A. If amending name, enter the new name of the corporation:			
		e new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbi "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		·=	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_	
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the		29	•
new registered agent and/or the new registered office address:			- 1
Name of New Registered Agent		<u> </u>	ر مارسا المورورية
		ري دي	
(Florida street address)		Ö.	
New Registered Office Address:			
(City)	(Zip Code)	1	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	ition.		

Signature of New Registered Agent, 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)

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	\Box	R Daglas Karbe	n 608 D.McDonald1
★ Add			n 608 D.McDunald1 Deland 71 32724
Remove			·
2) Change			
Add			
Remove 3) Change	··-		
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4) Change			
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Remove			
5) Change			
Add			
Remove		-	
6)Change	1		
Add		-	
Remove			

	icles, enter change(s) here: (Be specific)
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f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption	n:	, if other than
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 document's effective date on the Department	oes not meet the applicable statutory filing requirements, thent of State's records.	is date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amenda at for approval.	nent(s)
	by the shareholders through voting groups. The following statesting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
Dated	425,2022) Muller	
selected, by a	president or other officer – if directors or officers have not be n incorporator – if in the hands of a receiver, trustee, or other aciary by that fiduciary)	
	Jaqueline Karlsen	
	(Typed or printed name of person signing)	
	Title of person signing)	· · · · · ·

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