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TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: STREAM LOGIST	TICS INC.			
DOCUMENT NUMB	ER: P17000091264				
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
•	CRAIG ZERST				
-		Name of Contact Person	1		
:	STREAM LOGISTICS INC.				
-		Firm/ Company			
	16724 STRASBOURG LN				
_		Address			
1	DELRAY BEACH, FL, 33446				
-	City/ State and Zip Code				
CD M	^ 7EDDST0231@COMCA	et siet			
CKAR	G_ZERBST9331@COMCA	sed for future annual report	notification		
	E-mail address, (to be de	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
CRAIG ZERBST		at (de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;		
S35 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)		
Amer Divis P.O.	ing Address Indirection Indire	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, F1, 32301		

Articles of Amendment to

FILED

Articles of Incorporation of

2018 OCT 31 AM II: 44

to

STREAM LOGISTICS INC.		SECRETARY OF STATE	
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Depts of State	
P17000091264			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendments	
A. If amending name, enter the new na	ame of the corporation:		
N/A		The new	
	iation "Corp." "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:		16724 STRASBOURG LN	
(Principal office address MUST BE A S		DELRAY BEACH	
		FL, 33446	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16724 STRASBOURG LN	
proving data as serve begins one	01110110000	DELRAY BEACH	
		FL. 33446	
D. If amending the registered agent ar new registered agent and/or the ne			
Name of New Registered Agent	N/A		
	16724 STRASBOURG I	.N	
	(Florida s	treet address)	
New Registered Office Address:	DELRAY BEACH	Florida 33446	
	· -	(City) (Zip Code)	
	DELRAY BEACH	Florida 33446 (City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ut: with and accept the obligations of the position.	
	Signature of New	Registered Agent, if changing	

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: \underline{X} Change	<u>PT</u> <u>Joh</u>	n Doe	
\underline{X} Remove	<u>V</u> <u>Mil</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	MGR	SAMANTHA LARMONT	9331 EDEN ROC CT
Add			DELRAY BEACH
X Remove			FL, 33446
2) Change	MGR	JAMES F BOUFFARD	1201 SW 70TH AVENUE
Add			PLANTATION
X Remove			FL. 33317
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A F. If 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) N/A

. . . .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	IMMEDIATE	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	more man 90 days after amenament file date)	
	his block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	0/29/2018	
Signature	OGU/	
sel	or a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed functory by that fiduciary)	
	CRAIG R ZERBST	
	(Typed or printed name of person signing)	 _
	PRESIDENT	
	(Title of person signing)	

. . . .