P180000035705

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP		
(Busin	ess Entity Na	me)
(Docur	nent Number))
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

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THE SET AND SECTION AND ADDRESS.

FILED

A

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: 5	even Logistics Inc				
NAME OF CORPORATION: Seven Logistics Inc DOCUMENT NUMBER: P1800025705					
The enclosed Articles of Amendment and f	ee are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:				
/	Vickos Dominguez				
	Vickos Dominguez Name of Contact Person Seven Logistics Inc Firmy Company				
153	397 SW 1108 Terrare				
	Address Liami, FL 33187 City/ State and Zip Code				
	Info@7Dispatch.com				
E-mail address:	(to be used for future annual report notification)				
For further information concerning this mat	ter, please call:				
Nickos Domingue	at (954) 865-6337 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:				
S35 Filing Fee					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2018

Nickos NICHOS DOMINGUEZ 15397 SW 168 TERR MIAMI, FL 33187

SUBJECT: SEVEN LOGISTICS INC

Ref. Number: P18000025705

We have received your document for SEVEN LOGISTICS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MILTON CAUDALES HAS NEVER BEEN A REGISTERED AGENT ON THIS CORPORATION.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 118A00019458

18 SEP 28 FHI2: 3

	Articles of Amendment
	Articles of Incorporation
_	Articles of Incorporation FILED
Setten	Incistics Inc
(Name of Corporat	ion as currently filed with the florida Dept. of State)
Disa	1440 < 745
	100 d 7 (0)
(Docu	ment Number of Corporation (if known) NOOLL, I GOVILE
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicabl	<u>e:</u>
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	
Many of Many Business of America	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	. Florida(Zip Code)
New Registered Agent's Signature, if changing Reg	
i nereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	nature of New Registered Agent, if changing
Sig/	нат с од тем перметен ареш, у стирину

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer: CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or D if necess vector titl President Chief I r, Directo in the for	irector b eary) e by the fi fi T= Tree financial or would l llowing m orporation	rst letter of the office title: surer; S= Secretary; D= Director; TR= T Officer. If an officer/director holds more to the PTD. anner. Currently John Doe is listed as the taily Smith is named the V and S. These.	director being removed and title, name, and frustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	V	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u> P</u>	_	Milton Caudales	15397 SW 168Teine Minni, FL 33187
Add				Minni, FL 33187
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
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Remove				
6)Change		_		
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provisions for in	provides for an exchauplementing the amendable, indicate N/A)	iment if not c	ontained in the	mendment itself:	ares. S ANC NOW UEZ
<u>to</u> 5	e owned	-	10ickos	Loning	WZ
		 			
					
					

The date of each amendment(s) adoption:9/11/18	
date this document was signed.	If other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amenda	ient file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes ca by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on to	
"The number of votes cast for the amendment(s) was/were sufficient for appr	oval
by (voting group)	··
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required. Dated Dated	on and shareholder
Signature	
(By a director, president or other officer – if directors or a selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
(Typed or printed name of person sign:	ringuez
(Typed or printed name of person sign	ing)
Mesiden I	

(Title of person signing)