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(((H18000127604 3)))



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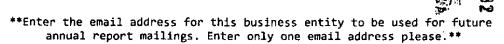
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, IN

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COR AMND/RESTATE/CORRECT OR O/D RESIGN D.O.K. LOGISTICS, INC.

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T. LEWELY





April 24, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

D.O.K. LOGISTICS, INC. 1560 LAKE RHEA WINDERMERE, FL 34786

SUBJECT: D.O.K. LOGISTICS, INC.

REF: P18000034229

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H18000127604 Letter Number: 618A00008260



Articles of Amendment to Articles of Incorporation of

200 APR 24 P 10 32

D.O.K. LOGISTICS, INC	
(Name of Corpo	ation as currently filed with the Florida Dept. of State
P18000034229	
(Do	rument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation;	ida Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of th	corporation:
	The new
	rard "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applica	
(Principal office address <u>MUST BE A STREET A</u>	ODRESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>
new registered agent and/or the new register	tered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Elevidadura)
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Lip code)
New Registered Agent's Signature, if changing R	egistered Agent:
hereby accept the appointment as registered agen	I am familiar with and accept the obligations of the position.
Si	rnature 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: X Change	<u>PT</u>	John Doe					
X Remove	Y	Mike Jones					
_X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	Name	Address				
1)Change	CFO	DAVID SCHIEFFELIN	1560 LAKE RHEA				
X Add	•		WINDERMERE, FL 34786				
Remove							
2) X Change	CEO	ORIE WATT	1301 SHILOH ROAD NW				
Add			SUITE 210				
Remove			KENNESAW, GA 30144				
3) X Change	HR	KIM WATT (Director of HR)	1301 SHILOH ROAD NW				
Add			SUITE 210				
Remove			KENNESAW, GA 30144				
4) Change	СМО	CLETODELL TITUS	2960 CONKLIN AVE # 2				
Add			BROOKLYN, NY 11231				
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

uacn <i>aaalli</i>	or adding additional Ar onal sheets, if necessary).	(Be specific)				
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an amenda	nent provides for an exc or implementing the am	hange, reclassific	ation, or cancella	tion of issued sh	ares.	
(if not ap	oplicable, indicate N/A)					
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The date of each amendment(s) adoption:	_ 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 not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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	•
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/21/2018	
Signature	_
(By a director, president or 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)	
Cletodell Titus	
(Typed or printed name of person signing)	
Chief Marketing Officer	
(Title of person signing)	