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## **COVER LETTER**

TO: Amendment Section Division of Corporations GT - Global Express Inc. NAME OF CORPORATION: \_ P180000357 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: drian G Harrison Flobal Express onnecticut E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (150n at 407 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & \$52.50 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

**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

## **Articles of Amendment**

to
Articles of Incorporation

of O	·
GI-Global E	-xpress Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
718600035	> 162
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coverd "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable;	1112 Connecticut Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	St Cloud FL 34769
	-31 C/WA 1 C 31/0
C. Enter new mailing address, if applicable:	1112
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	1112 Convictions Are
	St Cloud FL 34769
D. If amending the registered agent and/or registered office address	
new registered agent and/or the new registered office address:	
Name of New Registered Agent Agent	an Haviisovi
1112 Con	poecticul AVE
(Florida stre	et address)
New Registered Office Address: St Cloud	Florida 34769
	City) (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 position.
1	
Allu	Staur
Signature of New Ke	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = C Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each cheld. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John		
- •			
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Ρ	Adrian G Harrison	
X_Add			St Cloud FL 34769
Remove			
2) Change	<u>CEO</u>	Adrian G Harrison	
X Add			St-Clad FL 34769
Remove		- hΛ·	
3) Change	*	Jacquelin Minott	1112 Connecticut Ace St Claud FL 34769
Remove			
4) Change Add	VP	Lorricano L. Righy	11/2 Connecticut Ave St Closel FL 34769
X Remove			
5) Change ★ ∧dd	_D_	Brian Rigby	1112 Connecticy Are St Cloud FL 34769
Remove			
6) Change	ρ	Brian Rigbey	1112 Connecticut Are
Add			St Clara FL 34769
<u></u> ⊀ Remove			

E.	famending or adding additional Articles, enter change(s) here:	
	Attach additional sheets, if necessary). (Be specific)	
		_
		_
		_
		_
		_
		_
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E	for amandment provides for an archanos, realisation, or appellation of issued shares	
r.	f 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)	
		_
_		
		_
_		

The date of each amendment(s) adoption:	, if other the
date this document was signed.	
Effective date if applicable: 6/10/19	
(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, t document's effective date on the Department of State's records.	his date will not be listed :
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	cholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	icr
Dated 6/10/19	
Solver Tours	
Signature	heen
selected, by an incorporator – iEm the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
Adrian Harris	ω <b>1</b>
(Typed or printed name of person signing)	
President	(LEO_
(Title of person signing)	