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(((H18000302048 3)))



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Division of Corporations

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From:

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Account Number : 975350000541 Phone : (813) 675-1333 Fax Number : (813)209-1050

**Buter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Al@alfredoMoreno.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN REGIONS LOGISTICS INC

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Audit # H18000302048

| | Articles of Ar | nendment | | |
|--|------------------------|-----------------------------|--|-------------------|
| | fo Articles of Inco | orporation | | |
| | ប្រ | • | | |
| | REGIONS LOC | HISTICS INC | | |
| (Name of Corp. | oration as currently | filed with the Florida De | ent. of State) | |
| | P180000 | 044366 | | |
| (n) | ocument Number of | Corporation (if known) | | |
| Pursuant to the provisions of section 607-1006, Flats Articles of Incorporation: | orida Statutes, this I | Florida Profit Corporation | adopts the following | ; amendment(s) to |
| A. If amending name, enter the new name of t | he corporation: | | | |
| | REGIONAL LO | | | The new |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chariered," "professional association," or | Corp, " "Inc," or "C | "o". A professional corpe | | |
| • • | | N/A | | |
| B. Enter new principal office address, if applie (Principal office address MUST BE A STREET | | | | |
| | | | | |
| | | <u> </u> | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | | · |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or reg new registered agent and/or the new registered | | | ame of the | |
| Nome of New Registered Agent N/A | | · | <u></u> | |
| | | | | |
| | (Florida sire | et address, | | |
| New Registered Office Address. | | | , Florida | |
| | (| Clty) | tZip C | adej |
| | | | | |
| New Registered Agent's Signature, if changing | | | | |
| Thereby accept the appointment as registered age | ent. – Lam familiar w | ith and accept the obligati | ons of the position. | 7) D |
| | | | NCT NAS | 77 |
| | Signature of New Ro | gistered Agent, if changing | | F |
| | | | \$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | C |

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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).

Example:

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 bold. President, Treasurer, Director would be PID.

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.

| X Change | 1.4 | John Doc | |
|-------------------------------|-----------------|--|---|
| X Remove | \underline{V} | Mike Jones | |
| N Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1)Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 6) (2) | | | |
| 5) Change | **** | ************************************** | |
| Add | | | *************************************** |
| Remove | | | |
| 61 Change | | | |
| Add | | | |
| Remove | | | |

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| E. If amending or adding additional Arti (Altach additional sheets, if necessary). | (Be specific) |
|---|--|
| N/A | (- · · · · · · · · · · · · · · · · · · · |
| N/A | |
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| . If an amendment provides for an exch | range, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| VA | |
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| The date of each amendment | (s) adoption: if other than the |
|---|--|
| date this document was signed | • |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| | this block does not meet the applicable statutory filing requirements, this date will not be listed us the Department of State's records |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/web by the shareholders was/wa | e adopted by the shareholders. The number of votes oust for the unrendment(s) are sufficient for approval |
| | re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the omendment(s): |
| The number of votes | cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| • | (voting group) |
| ☐ The amendment(s) was/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/we notion was not required. | re adopted by the incorporators without shareholder action and shareholder |
| | 10/19/2018 |
| | Uprdo J. Moreno The Expansional State of the control of the contr |
| 50 | by a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) |
| | ALFREDO J. MORENO |
| | (Typed or printed name of person signing) |
| | PRESIDENT/DIRECTOR |
| | (Title of person signing) |