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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER The enclosed Articles of Please return all correspondence  At Glean Correspondence Corresponden	Amendment and fee are substituted concerning this management of the second concerning the second concerning this management of the second concerning the s	binitted for filing.  Iter to the following:  Onal Rep. of the Estate of C  Name of Contact Person	
Please return all correspo	ordence concerning this man	onal Rep. of the Estate of C Name of Contact Person	
As Gi	STRIDE FRANCOIS, Perso	onal Rep. of the Estate of C Name of Contact Person KING, INC	
G!	LOBAL FREIGHT TRUCK	Name of Contact Person KING, INC	
		KING, INC	
		<u> </u>	
<u> </u>	O. Par. 771705	Firm/ Company	
. <u>P</u> .	O Pa- 771705		
	O. Box 771795		
	<del></del>	Address	
Ce	oral Springs, Florida 33077		
_		City/ State and Zip Code	<u> </u>
æ	tridefrancois 1030@yahoo.c	om.	
_	~-	ed for future annual report	notification)
For further information of ASTRIDE FRANCOIS,	concerning this matter, please	se call:at (561	<b>414-0999</b>
	Contact Person	at ( Area Co	de & Daytime Telephone Number
	he following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ing Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept. of S	(are)
18000058260		
(Document Numbe	r of Corporation (if known)	
rursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts	he following amendment(s)
L. If amending name, enter the new name of the corporation:	•	
<b>V</b> A		The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.	A professional corporation name	abbreviation "Corp.," must contain the word
L. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 771795	29/11/10   61/11: 2/2
	Coral Springs, Florida 33077	
		2
<ol> <li>If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr</li> </ol>	ddress in Florida, enter the name of	the
Name of New Registered Agent N/A		
(Florida	street address)	
New Registered Office Address:	. Flo	rida
New Registered Office Address.	(Ciry)	(Zip Code)

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = ChiefExecutive 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.

X Change	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	CHOSTENE FRANCOIS	5775 NW 58th Avenue, Unit G105
Add			Tamarac, Florida 33319
X Remove	P	Estate of CHOSTENE FRANCOIS	P.O. Box 771795
2) Change Add			Coral Springs, Florida 33077
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
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5) Change			
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6) Change	<del></del>		
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f amending or adding additional Ar Attach additional sheets, if necessary)	). (Be specific)
<del></del>	
If an amendment provider for an e	vehange voelessification or conscilation of issued shows
provisions for implementing the a	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
provisions for implementing the a	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:

The date of each amendm date this document was sign	
Effective date if applicable	e:
Dilocaro ento <u>a apparato</u>	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendment	(a) (CHECK ONE)
☐ The amendment(s) was/ action was not required.	were adopted by the incorporators, or board of directors without shareholder action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
The amendment(s) was must be separately pro	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
Dated_	09/04/21
Signatur	Astride Francois
Signitu	(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)
	ASTRIDE FRANCOIS
	(Typed or printed name of person signing)
	Personal Representative of the Estate of CHOSTENE FRANCOIS, deceased
	(Title of person signing)