# P18000068327

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### **COVER LETTER**

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SEAN KIRTZ

Name of Contact Person SAFE AND SECURE VAN LINES HIBISCUS A VE PAND BRACH F City/ State and Zip Code fo @ Secure van lines, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State:

**□\$43.75** Filing Fee &

(Additional copy is enclosed)

Certified Copy

#### Mailing Address

\$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

## Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filing Fee

Certificate of Status Certified Copy

(Additional Copy is enclosed)

# **Articles of Amendment**

Articles of Incorporation

	of	./ .	/ .			
	<u>cure</u>	VAN		E.S _	Jal(.	
(Name of Corporati	ion as currently	y filed with th	<u>ie Florida De</u>	ept. of State)		
P180000	<u>) 683</u>	y 4				
V (Docur	ment Number of	Corporation (	if known)			
Pursuant to the provisions of section 607.1006. Florid its Articles of Incorporation:	da Statutes, this a	Florida Profit	Corporation	adopts the fo	ollowing amendme	ent(s) to
A. If amending name, enter the new name of the co	orporation:					
					The new	4'
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	$p_i$ "Inc." or " $0$	Co', A profe				
B. Enter new principal office address, if applicable						
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS )					
					2818	:
					8 -	, ;;t
C. Enter new mailing address, if applicable:	av.					
(Mailing address <u>MAY BE A POST OFFICE BC</u>	<u>(717</u> )				<del></del>	
						;
					<u></u> -	ر دور
D. 16		in Clarida		ama af tha	4	,
D. If amending the registered agent and/or registered new registered agent and/or the new registered			i <u>, enter the it</u>	ame of the		
Name of Name Bookstand Land						
Name of New Registered Agent		<del></del> -				
	tFlorida stre	et address)			<del></del>	
		,		m		
New Registered Office Address:		(City)		, Florida	(Zip Code)	
		•			•	
New Registered Agent's Signature, if changing Reg					***	
I hereby accept the appointment as registered agent.	i am familiar si	run and accep	u ine obligati	ons of the pos	sinon.	
Sigr	nature of New R	egistered Agei	nt, if changing	 Υ		

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:	, ште сле	i,	. i ca con nada.			
X Change	<u>PT</u>	John De	<u>)e</u>			
X Remove	<u>V</u>	Mike Jo	<u>ones</u>			
X Add	<u>SV</u>	Sally St	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change	CE	0	Jessica	Ê	Berington	6252 N State RD 7
Add						AP4 202
Remove						Cocony Creek, FL33073
2) Change		_				
Add						
Remove						
3 ) Change		_				
Add						
Remove						
4) Change		_		_	<del></del>	
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_			<del> </del>	
Add						
Remove						

Attach additional sheets, if necessary).	(Be specific)	
		·
<del></del>		<u> </u>
<del> </del>		
`		
	h de et liber et et e	
provisions for implementing the ame	ange, reclassification, or cancellation of issued nument if not contained in the amendment itsel	snares, f:
(if not applicable, indicate N/A)		_
		<del></del> -

The date of each amendment(s) adoption:
Effective date <u>if applicable</u> :  (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 not be listed as the document's effective date on the Department of State's records.
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)
(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
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 tiduciary by that fiduciary)
Sean Kirtz
(Typed or printed name of person signing)
Prosident
(Title of person signing)