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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TOP MOVING IN	SC .	
DOCUMENT NUMI	BER: P18000071242		
	of Amendment and fee are st	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	TODD A. MATHER		
		Name of Contact Person	n
	TOP MOVING INC		
		Firm/ Company	
	16977 NE 22ND AVE		
		Address	
	NORTH MÍAMI BEACH, F	1. 33160	
	•	City/ State and Zip Cod	e
Info@	Btopmovinginc.com		
		sed for future unnual report	notification)
		·	
For further information	reoncerning this matter, pleas	se call:	
TODD A. MATHER		877 at (867-2499
Name (TODD A. MATHER at (877) 867-2499 Name of Contact Person Area Code & Daytime Telephone Nu		de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2018 AUG 29 PH 3: 59

(Name of Corporation as currently filed with the Florida Dept. of State) TOP MOVING INC (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zie Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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: <u>X</u> Change	<u>1,1,</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>8V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	D	FODD A MATHER	16977 NE 22ND AVE	
X Add			NORTH MIAMI BEACH, FL 331 60	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
N/A		
		
		·
		·
		
		
If an amendment provides for an excha	inge, reclassification, or cancellation of is	sued shares.
provisions for implementing the amen (if not applicable, indicate NA)	dment if not contained in the amendment	itself:
'A		
		
		_
		-
		
		

The date of each amendmen		, if other than the
date this document was signed	- 08/23/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.)
	re approved by the shareholders through voting groups. The following stateme of for each voting group entitled to vote separately on the amendment(s):	nt
	s 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	r
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/23 Dated	/2018	
Signature	CAL AZAK	
(B	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 opointed liduciary by that tiduciary)	
	GAL AZAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	