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R. WHITE OCT 2.9 2013

2018 OCT 22 AM II: 46
SECKEJARY GF STATE
TALLAH SEEF

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ST. PETE DELIVI	ERY INC	
DOCUMENT NUMB	BER: P18000078096		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Christopher Williams		
		Name of Contact Person	n
	St Pete Delivery Inc		
		Firm/ Company	
	4936 Sunrise Dr S		
	<del></del>	Address	
	St Petersburg, FL 33705		
		City/ State and Zip Cod	e ····
chvill	ia@gmail.com		
	<del></del>	sed for future annual report	notification)
	,	, , , , , , , , , , , , , , , , , , ,	•
For further information	concerning this matter, pleas	se call:	
Christopher Williams		727	224-4601 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

ST. PETE DELIVERY INC.

2018 OCT 22 AM 11: 46

(Name of Corporation as currently 1918000078096	filed with the Florida Denti of State) STATE
	TALLAHASSÉE, FL
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
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 "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(1)	
(Florida stree	t agaress)

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.

X Change	PT John	<u>l Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	CFOTD	Christopher Williams	4936 Sunrise Dr S
Add			St Petersburg, FL 33705
Remove			
2) X Change	CEOPD	Jill Williams	1901 Shore Acres Blvd NE
Add			St. Petersburg, FL 33703
Remove			
3 ) Change	D	Brian McCarthy	5616 Essex Way
X Add			New Port Richey Fl 34652
Remove			
4) Change	S	Amanda Boller	4936 Sunrise Dr S
	<del></del>		St Petersburg, FL 33705
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	or adding additional A onal sheets, if necessary,	). (Be specific)	ing of the re-		
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<u>if an amendn</u>	nent provides for an ex	change, reclassif	cation, or cancella	tion of issued sha	ires,
(if not a	or implementing the ar	nenument ii not t	ontained in the an	ienament usen:	
(9 1101 0)	Aprileamo, mareate mary				
				<del></del>	<del></del> -
		·	<del></del>		

	October 18th, 2018	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Octob Effective date <u>if applicable</u> :	er 18th, 2018	
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, tartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amend ficient for approval.	ment(s)
	oved by the shareholders through voting groups. The following stack voting group entitled to vote separately on the amendment(s)	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and sharehold	der
October 18th Dated	, 2018	
Dateu		
Signature		
(By a dir selected.	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	
_	Christoder Williams	
	(Typed or printed name of person signing)	
_	Director	
	(Title of person signing)	