P180000 95841

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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: BEST Cross Country Movers Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$43.75** Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment to

Articles of Incorporation of

Best Cross Country Movers	s Inc		
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P18000095841 (Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	, amendment(s) t	
A. If amending name, enter the new name of the corporation:			
NIA		The new	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable:	400 N. Ashley Dr.		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	400 N. ASNLEY Dr.		
	Tampa, FL 3360 6		
C. Enter new mailing address, if applicable:	MOON Ophlank		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	400 N. Ashley Dr.		
	#a600		
	Tampa, FL 33602		
D. If amending the registered agent and/or registered office address:			
Name of New Registered Agent Rachel Lepi	nesk:		
2740 NW 19 (Florida stre	5th Terr		
		2	
New Registered Office Address: COKLOOD PO	City), Florida 333		
·		•	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	20 175 21 ATT	
Signature of New Re	gistered Agent, if changing	T 25	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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 = 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	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Jessica Scranton	5793 Ithaca Cir E
Add			Lake Worth, FL 3346
Remove			<u> </u>
2) Change	<u>P</u>	Rachel Lepinski	2740 NW18th Terr
<u></u> ✓ Add			Oakland Park, FL 33311
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		 -	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Please remove Jessica Scranton as president
and owner of Best Cross Country Movers Inc.
Please add Rachel Lepinski as president and
owner of best cross country movers inc

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NA

The date of each amendment(s) adoption: 4/14/303() if other than the
date this document was signed.
Effective date if applicable: 4/14/2020 (no more than 90 days after amendment file date)
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)
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 fiduciary by that fiduciary)
Rachel Lepinski (Typed or printed name of person signing)
President
(Title of person signing)