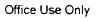
## P190000 2380

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: E-BOXPRESS, CO	ORP		
DOCUMENT NUMBI	P19000002380			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
A	ANDREA REVERON			
_	Name of Contact Person			
E	E-BOXPRESS, CORP			
	Firm/ Company			
2	900 NW 112 AV SUITE 1			
_		Address		
	OORAL, FL 33172			
_		City/ State and Zip Cod	e	
ADMII	NISTRATION@E-BOXXPI	RESS.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information ANDREA REVERON	concerning this matter, pleas	786	6544077	
Name of	Contact Person	at (Area Co	) de & Daytime Telephone Number	
	the 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle 18800, FL 32301	

SECRETA STORE TAIL

## **Articles of Amendment** Articles of Incorporation σľ

E-BOXPRESS, CORP				
(Name)	of Corporation as curren	tly filed with the Florida Dept. of State)		
P19000002380				
-	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amo	endment(s	s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A		$Th_{P}$	new	
	nation "Corp." "Inc." or	on," "company," or "incorporated" or the abbrev "Co". A professional corporation name must conta	viation	
R Enter new principal office address	if annlicable:	2900 NW 112 AV		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		SUITE I		
		DORAL, FL 33172		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2900 NW 112 AV	. <b>.</b>	: : (1
		SUITE I		
		DORAL, FL 33172	-57 - <del></del>	;; ,
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		<del></del>	AUG 25 1712: 10	いいつつなること
name of the neglinerea rigem	N/A			.,
		treet address)		
No. Barriago d'Official de la	N/A	Florida N/A		
New Registered Office Address:		(City) , r torida (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: with and accept the obligations of the position.		
	<u> </u>	Registered Agent, if changing		
	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: X Change	PT	John <u>Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	V	VANESSA REVERON	12931 NW 8 ST
X Add			MIAMI, FL 33182
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	<del></del> -
Add			
Remove			<del></del>
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			•

Attach)	ending or adding additional Articles, enter change(s) here: h additional sheets. if necessary). (Be specific)	
N/A		
		•
		·
		<del></del>
. <u>If an a</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provi</u> ()	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
ŃΑ		

The data of each area decents and	N/A	_, if other than the
The date of each amendment(s) ado date this document was signed.	paon:	, it other than the
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendme.	ne the dreat
	(no more than 90 days after amename.	m jue aate)
Note: If the date inserted in this blo document's effective date on the Dep.	ock does not meet the applicable statutory filing reartment of State's records.	equirements, 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 east icient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. T ach voting group entitled to vote separately on the	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approv	ral
ъу	(voting group)	'''
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action	n and shareholder
08/24/2019		
Dated		
	0 AOTZ	
Signature	ector, president or other officer – if directors or off	
	by an incorporator – if in the hands of a receiver, (	
	d tiduciary by that tiduciary)	
	A . \	,
_	ANCHER Keven	row
	(Typed or printed name of person signing	g)
	P	
_	(Title of person signing)	