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## **COVER LETTER**

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CO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Star-Line Logistics Inc.					
DOCUMENT NUMBER: 2/90000 3619					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person  Stay - Line Scistics Inc.  Firm/ Company					
P. O. Box 5079A  Address  City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	of (i)
Stord and Linia	Tol.
(Name of Corporation	on as currently filed with the Florida Dept. of State)
19MMM 36.19	
(Docum	nent Number of Corporation (if known)
·	
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable	<u> </u>
Principal office address <u>MUST BE A STREET ADD</u>	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u>X</u> )
	/ <del> </del>
. 16 dia ab	/
new registered agent and/or the new registered	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	N/
	(Florida street address)
New Revistered Office Address:	. Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regi	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	NA
Signo	ature 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 I	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<del>P</del> _	Calvin James	P.O. Box 20931
Add			Jallahasser, FL 32316
Remove			
2)Change	P	Jerry L Harvey	11 other Creek Rd
X_ Add			Supchappy FL 3235E
Remove 3) Change	<u> </u>	Michael K. Charles	P.O. Box 56794
X. Add			Jackson ville, FL
Remove			32741
4) Change			
Add			
Remove			
5) Change			<del> </del>
Add			
Remove			
6) Change	····		
Add			
Remove			

nncellation of issued shares, the amendment itself:
/
/
/ /

The date of each amendment(s) adoption:date this document was signed.	M/A	, if other than the
Effective date if applicable:	more than 90 days after amendment file	date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's		ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approve		e amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each woting group		
"The number of votes cast for the amendment	et(s) was/were sufficient for approval	
by(voting gr	roun)	
The amendment(s) was/were adopted by the board action was not required.	••	and shareholder
☐ The amendment(s) was/were adopted by the incorp action was not required.	porators without shareholder action and s	shareholder
	or other officer – if directors or officers tor – if in the hands of a receiver, trusted at fiduciary)	
	d or printed name of person signing)	Υ΄

(Title of person signing)