P19000010220

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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Sunbelt Moving Systems, Inc P19000010220 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gloria Dolphin Sunbelt Moving Systems Inc 1600 33rd St. Unit 113 Orlando, FL 32839
City/ State and Zip Code gloria@sunbeltmovingsystems.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Greg Dolphin at 727 729-0510

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to Articles of Incorporation

P	Articles of incorp	oration			
Sunbelt Mo	of of	uctome	Inc		
(Name of Corporation		, 	Dept. of State)		
`	0010220		·		
<u> </u>		rporation (if known)		<u> </u>	· · ·
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flor	ida Profit Corporat	tion adopts the fol	lowing amendm	ient(s) t
A. If amending name, enter the new name of the con	rporation:				
				The new	11'
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	" "Inc," or "Co"	. A professional co	ncorporated" or orporation name	the abbreviatio must contain th	n e
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD					
(Frincipal Office address MOST DE ASTREET ADD	<u>KL55</u>) -				
	_				
C. Enter new mailing address, if applicable:			t >- 	0.61	T!
(Mailing address MAY BE A POST OFFICE BO)	<u>X</u>) _				
	_			22	1
				PH PH	
	-		6.1		
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n		in Fiorida, enter tr	ie name of the	- 5	
Name of New Registered Agent					
	(Florida street a				
New Registered Office Address:			, Florida		
	(Cit <u>)</u>	איל		(Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Avent:				
I hereby accept the appointment as registered agent.		and accept the oblig	gations of the pos	ition.	

Page 1 of 4

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	<u>PT</u>	J <u>ohn Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One) 1) Change Add Remove	T	Gregory Dolphin	4139 Lake Lawne Ave Orlando, FL 32808
2) Change Add			
Remove 3)ChangeAdd			
Remove 4) Change Add			
Remove 5) Change Add			
Remove ் Change Add			
Remove			

e. <u>11 a</u> (Att	mending or adding additional Article (ach additional sheets, if necessary). (Be specific)	<u>estaj nere</u> .				
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		-	-		_	 -	_
	18-17		-				
	·						
				 			
F. <u>If a</u>	an amendment provides for an exchan	ge, reclassific	cation, or ca	ncellation o	f issued share	<u>s,</u>	
pr	rovisions for implementing the amend (if not applicable, indicate N/A)	ment if not co	ontained in	the amendm	ent itself:		
	(y nor appreciate, mileare trans)						
							
				<u> </u>		<u> </u>	
	·						
	··-						

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
ffective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	will not be listed as the
doption of Amendment(s) (CHECK_ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):	r
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated3/18/2019	
Dated 3/18/2019 Signature Wri Harrwon	<u>-</u>
(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)	
Cari Harrison (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	

(Title of person signing)