# P19000024244

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	STICS CORP			
DOCUMENT NUM	BER: 19000024244				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	8646 NW 25 CT CORAL SP	RINGS FLORIDA 33065			
	•	Name of Contact Persor	1		
	FRANCKY SAUREL				
		Firm/ Company			
	JP'S PRIDE LOGISTICS CO	RP			
		Address			
	1799 NORTH STATE RD 7 # 10 MARGATE FLORIDA 33063				
		City/ State and Zip Code	>		
	fsaurel@jpspridelogistics.cor	n			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas		815 8880		
Name	of Contact Person	Area Co	815 8880 de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303			

### Articles of Amendment to Articles of Incorporation

FILED

## 2021 DEC 10 AMII: 12

JP'S PRIDE LOGISTICS CORP

(Name of Corporation as currently filed with the Florida Dept of State) BY STATE B 1000007 1244

(Documen	t Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Profit Co</i> r	rporation adopts the following amendment
A. If amending name, enter the new name of the corp	oration;	
		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professional con	corporated" or the abbreviation "Corp.," rporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<del></del> -	
	<del></del>	
		<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		i <u>ter the name of the</u>
Name of New Registered Agent		
		<del> </del>
	(Florida street address)	
New Registered Office Address:		, Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist		
Thereby accept the appointment as registered agent. Ta	m familiar with and accept th	e obligations of the position.
	_	
Signatu	re of New Registered Agent, ij	f changing

#### Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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)

Example:

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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
X Remove 2) Change	CFO	GUERTA SALOMON	1799 N STATE RD 7 # 10
Add			margate florida 33063
3) Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional s	ding additional Ai theets, if necessary)	). (Be specific)				
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f an amandmant	provides for an ex	abanaa raalacsii	fication or conce	Nation of icensel.	chara	
provisions for im	plementing the an	nendment if not	contained in the	amendment itsel	<u>f:</u>	
(if not applied	ible, indicate N/A)					
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The date of each amendment(s) add late this document was signed.	puon:	**	, if other than the
Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·		-
	(no mor	re than 90 days after amendment,	tile date)
Note: If the date inserted in this blo locument's effective date on the Dep			nirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>NE</u> )	
The amendment(s) was/were adopt action was not required.	ited by the incorpora	ntors, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	-		or the amendment(s)
☐ The amendment(s) was/were appr must be separately provided for e			
"The number of votes east fo	or the amendment(s)	) was/were sufficient for approva	1
by			
	(voting group	)) •	
12/06/201 Dated	ei DAIMANA	Hamel	
selected.		ther officer – if directors or office – if in the hands of a receiver, tru iduciary)	
	FRANCKY SA	AUREL.	
-	(Typed or	printed name of person signing)	
	OWNER / PRESID	ENT	
-	(Title of p	person signing)	