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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Star-Line Transpor	t 			
DOCUMENT NUMB	P10000038576				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Jennifer De Coteau				
	Name of Contact Person				
	Star-Line Transport				
	Firm/ Company				
	P O Box 56794				
	Address				
	Jacksonville, FL 32241				
		City/ State and Zip Cod	t		
	starlinetransport.usa@gmail.c	.com			
	,	sed for future annual report	notification)		
	E-mair address, (to be da	ica for future attitual tejant	normeationy		
For further informatio	n concerning this matter, pleas	se call:			
Jennifer De Coteau		at (⁹⁰⁴	891 7400		
Name (of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	ariment of State:		
■ \$35 Filing Fee	S43.75 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		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassec		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

Star-Line Transport	itly filed with the Florida Dept. of State	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
P19000038576	try med with the Piorida Dept. of State	ı
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the f	ollowing amendment(
A. If amending name, enter the new name of the corporation:		
		The new
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must	
3. Enter new principal office address, if applicable:	8859 Old Kings Road, # 817	ې چ <u>ې د~</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jacksonville, FL 32257	
	<u></u>	- 12 m
Enter new mailing address, if applicable:		. 0
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>س</u> د د
	-	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
Now Praintened Office Address	El	
New Registered Office Address:	Florida	(Zip Code)
		•
ew Registered Agent's Signature, if changing Registered Agen	ıt:	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the po-	sition.
Signature of New	Registered Agent, if changing	
-	The second secon	
Check if applicable		

☐ 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)

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>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>	
1)Change		_		
Add				
X Remove				
2) Change	P	Jerry L Harvey	11 Otter Creek Road	
X Add			Sopchoppy, FL 32358	
Remove 3) Change	P	Michael K Charles	3320 Island Avenue San Diego, CA 92102	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	sheets, if necessary). (1	Be specific)			
		-			
					
-		 -	<u></u>		
 -					
			_		-
<u>f an amendment</u>	provides for an exchang	ze, reclassification	<u>, or cancellation of</u>	issued shares,	
<u>provisions for in</u>	plementing the amendn	nent if not contair	ned in the amendm	ent itself:	
(у погаррис	able, indicate N/A)				

.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	ue)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the a e sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda.	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
July 17t Dated Signature <u></u>	lennifer De Coteau	
sele	a director, president or other officer – if directors or officers have eted, by an incorporator – if in the hands of a receiver, trustee, o ointed fiduciary by that fiduciary)	
	Jennifer De Coteau	
	(Typed or printed name of person signing)	 .
	Vice President	
	(Title of person signing)	