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C Kiuzek

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MOVING	EMPORE IN	<u> </u>
DOCUMENT NUMBE	ATION: <u>MOVINO</u> ER: <u>P190000</u>	6/037	
	f Amendment and fee are sul		
Please return all corresp	ondence concerning this mat	tter to the following:	
_	JOH	Name of Contact Person	
		Name of Contact Person	1
_		Firm/ Company	
_	6960	NW 3rd Auro	<u>.                                    </u>
	BOCA RATE	er EL 3	3487
_		City/ State and Zip Code	٤
	JTh 2077	© QOL. Com sed for future annual report	matification)
	E-mail address: (to be us	sed for future annual report	nothication)
For further information	concerning this matter, pleas	se call:	
JOHN T	headone_	at (56]	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
·	ing Address	Street	Address
	ndment Section ion of Cornorations		Iment Section on of Corporations
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			entre of Tallahassee
		2415 N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

	13 empre in
(Name of Corporation as currently	filed with the Florida Dept. of State)
£190000610	37
(Document Number of C	
Pursuant to the provisions of section 607,1006, Florida Statutes, this $FL$ its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," or ofessional corporation name must contain the word
B. Enter new principal office address, if applicable:	6960 NW 3rd AUC
(Principal office address MUST BE A STREET ADDRESS )	BOLA RATEN, FC. 33487
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6960 NW 31d ALC BO(A RATEN FL. 33487
	BOLA PATEN EL. 33487
	28
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent mayor the new registered of the about	$\sim$
Name of New Registered Agent John Th	
_6960 NW	3rd Auc =
(Florida street	( address)
New Registered Office Address: Sach. PAter	FL Florida 33487
$\epsilon C$	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
New Registered Agent's Signature, if Changing Registered Agent.  I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered 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 le Mike Jones, V as Remov	eaves the ve, and Sa	corporation, Sally Smith is named the V and S. Thally Smith, SV as an Add.	hese should be noted as John Doe, PT as a Change,
Example:	D.L.	<u>John Doe</u>	
X Change	<u>PT</u>	<u> </u>	
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	2	JAMES BANFALLY	1 - 4/278 NW 89Th ALC
Add	·	<b>'</b>	# 202
Remove			CCEAL SPINS, FL. 33065
2) Change	1	DOW Theodore	6960 30 NW 31d BC
X Add			DOLA RATEN FL. 33487
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

Ε.	If amending or adding	<u>additional Articles</u>	<u>, enter change(s</u>	<u>) here</u> :

(Attach additional sheets, if necessary). (Be specific)

•		
		<u></u>
		<del></del>
<del></del>		
		· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amendment (if not applicable, indicate N/A)	t if not contained in the amendment itself:	
	<del></del>	
		<del></del>
	Page 3 of 4	
The date of each amendment(s) adoption:		, if other than th
date this document was signed.		
Effective date if applicable:		
$\alpha$	no more than 90 days after amendment file date)	

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	•	The number of votes cast for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes east f	or the amendment(s) was	s/were sufficient for approval
by	(voting group)	<del></del> <del></del>
	(voting group)	
action was not required. The amendment(s) was/were adop		ctors without shareholder action and shareholder  without shareholder action and shareholder
selected	•	other - if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
	NHOU	THEODOLE
-		nted name of person signing)
	PResi	dente
-	Title of person signing)	