## P2000000 3385

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STORETARY OF STATE

APR 03 2020 M. SOLOMON

## COVER LETTER

**TO**: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SWIFT TRACK, I	NC.	
	BER: P20000003385		
	s of Amendment and fee are su		
Please return all corr	espondence concerning this ma	atter to the following:	
	Avijit Ghosh		
	SWIFT TRACK, INC.	Name of Contact Persor	1
	600 6th Street	Firm/ Company	
	Daytona Beach, FL 32117	Address	
	· — · · · · · · · · · · · · · · · · · ·	City! State and Zip Code	e
	ovifortune@yahoo.com		notification)
r in contact of contact			normalion?
	on concerning this matter, pleas		
Avijii Ghosh	of Contact Person	at (	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
An Div P.C	illing Address mendment Section rision of Corporations D. Box 6327 habassee, FL 32314	Amend Divisio The Ce 2415 N	Address Iment Section in of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 issee, F1, 32303

## Articles of Amendment to Articles of Incorporation οľ

SWIFT TRACK, INC.	
	v filed with the Florida Dept. of State)
P2000003385	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "conflue," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	;;, <b>≥</b>
<u> </u>	
	2020 HAR 3E 040 T 41 AHA
C. Enter non-mailing address if another black	23 23 SSE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	mg a m
	S S S
	0g <b>&amp;</b>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
eFlorida sire	ret address)
New Registered Office Address:	, Florida
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

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

X Change	h.L. Tol	h <u>n Doe</u>		
X Remove	<u>V</u> <u>Mi</u>	ike Jones		
X Add	<u>sv</u> <u>Sa</u>	lly Smith		
<u>Lype of Action</u> (Check One)	<u> Fitle</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Fazlur Rahman	1678 Glenhaven Circle	
X Add			Ococe, FL 34761	
Remove				_
2) Change				_
Add				
Remove 3 ) Change			200	2020 HAR
Add			E SSA Y CONTRACTOR OF THE CONT	AR 23
Remove			79 '	-3ª l
4) Change			STATION OF THE STATE OF THE STA	_;›
Add			- Pin	8+
Remove				-
Change Add				
Remove				_
6) Change				-
Add	·			<del>-</del> 
Remove				

• (Attac	ending or adding additional Artic r additional sheets, if necessary).	(Be specific)			
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F. If an	amendment provides for an exch	ange, reclassificati	ion, or cancellation o	of issued shares.	
prov	isions for implementing the ame	ndment if not cont	ained in the amendr	nent itself:	
	if not applicable, indicate $N(A) = -$				
N/A					
					·
	. — — —				
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	.,				<del></del>

•	03 18/2020	if other than the
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
03/18		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
<ul> <li>The amendment(s) was were adopaction was not required.</li> </ul>	ted by the incorporators, or board of directors without sharehol	lder action and shareholder
The amendment(s) was were adop by the shareholders was were suff	ted by the shareholders. The number of votes cast for the americient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
	or the amendment(s) was/were sufficient for approval	2020 HAR
py	(Voling group)	· 给 · 对
	(Voting group)	₩ N
March 18, 20 Dated	020	MAY 3 I
Signature	3/a Rahm	F. STATE
selected.	ector, president or other officer—if directors or officers have not by an incorporator—if in the hands of a receiver, trustee, or ot d fiduciary by that fiduciary)	
V	Fice President	
_	(Typed or printed name of person signing)	
i	azlur Rahman	

(Title of person signing)