## P20000050017

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ROYAL DELIVE	RY EXPRESS, INC			
DOCUMENT NUME	BER: P20000050017				
	of Amendment and fee are st	ibmitted for filing.			
Please (etuin all corres	spondence concerning this ma	atter to the following:			
	JANAYNA POTENCIANO				
	Name of Contact Person				
POTENCIANO CPA LLC					
	<del></del>	Firm' Company	<del></del>		
	6965 PIAZZA GRANDE AV	VE STE 307			
		Address			
	ORLANDO, FL 32835				
		City/ State and Zip Cod	<u> </u>		
	JANAYNA@POTENCIANG	DCPA.COM			
	E-mail address; (to be us	sed for future annual report	notification)		
For twither information  JANAYNA POTENC	n concerning this matter, plea		413.2411		
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made		•		
S35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is coclosed)		
Ame Divî: P O.	ting Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ISSEC, FL 32303		

## Articles of Amendment to Articles of Incorporation of

ROYAL DELIVERY EXPRESS, INC		1-37	·-
(Name of Corporation as curre	ently filed with the Florida D	ept. of State)	
P20000050017		9	· ·
(Document Number	er of Corporation (if known)	7	<u> </u>
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation	radopts the following am	endment(s) (
A. If amending name, enter the new name of the corporation:			
			new
name must be distinguishable and contain the word "corporation," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )			
C. Enter new mailing address, if applicable:			—-
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		iame of the	
Name of New Registered Agent			
	street address)		
New Registered Office Address:	# Street	Florida	
(Florida New Registered Office Address:	street address) (City)	Florida	<u>-</u>
New Registered Agent's Signature, if changing Registered Age	ent:		
hereby accept the appointment as registered agent. I am familie	ir with and accept the obligati	ons of the position.	
Signature of New	Registered Agent, it changing		

Check if applicable

7. 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 $\mathbf{PT}$ John Doe X Remove Y Mike Jones $\Delta$ Add $\underline{SY}$ Sally Smith Type of Action Title <u>Address</u> <u>Name</u> (Check One) VPD DAMIAO, VIVIANE 4450 LAUREL PLACE 11 \_\_\_\_ Change WESTON, FL 33332 \_\_\_ Acid Remove 2) \_\_\_\_ Change .\_\_\_\_ Add Remove 3 + \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove \_\_\_ Change ... Add \_\_ Remove Change .... Add . Remove 61 \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

	(Be specific)
<del></del>	
If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and it not contained in the amendment itself:
If an amendment provides for an exch- provisions for implementing the amer (it not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

fhe date of each amendment(s) ac	option:	, if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
must be separately provided for	roved by the shareholders through voting groups. The following statement vach voting group entitled to vote separately on the amendmentis):	2022 i
by	or the amendment(s) was/were sufficient for approval	NG 22
· /	(voting group)	•
	į į	P4
Dated C8/	06/2022/	PH 1: 47
	1. 1.	<u> </u>
Signature	A May G	<del></del>
selected	ector, president or other officer - if directors or officers have not been , by an incorporator - if in the hands of a receiver, trustee, or other court ad fiduciary by that fiduciary)	
_	Claudo A Fernanda	
	(Typed or printed name of person signing)	
_	OWNER - PRESIDENT	
	(Title of person signing)	-