P20 0000 95947

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special instructions to 7 ming Officer.

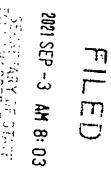
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amend

09.703.21--01015--020 **85.00



SEP 2 : 2021 A RAMSEY

COVER LETTER

Division of Corporations NAME OF CORPORATION: NATIVE VAN 1200000095947 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Beach, FL 33139 City/State and Zip Code Brian @ native van lines. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: sy ian

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

☐\$43.75 Filing Fee & Certificate of Status

☐\$43.75 Filing Fee & Certified Copy

Certified Copy (Additional copy is enclosed) ☐\$52.50 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, Fl. 32303

Articles of Amendment to Articles of Incorporation

Articles of In	Z//A
Native Van Lines Corp	
(Name of Corporation as current	ly filed with the Florida Dept. of State) (A) Mo.
P2 NONDO 95947	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1205 Lincoln Rd Stett 221
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami Baich FL 33139
C. Enter new mailing address, if applicable:	12.5
(Mailing address MAY BE A POST OFFICE BOX)	1205 Lincoln Rd. Stett 221
	Miami Beach, FL 33139
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
	<u>s.</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	(City) (Zip Code)
	•
Now Designated Access Colleges and Section 15 designs and Access	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New F	Registered 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	<u>PT</u> <u>John</u>	<u>1 Doe</u>			
X Remove	<u>V</u> <u>Mike</u>	Mike Jones			
X Add	SV Sally	y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	Rachel Johnson	1205 LINCOLD RO		
X Add			Ste # 221		
Remove			Miami Beach, FL		
2) Change			<u>33139</u>		
A dd					
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove		•			

tach additional sheets, if nec	essary). (Be specific	ange(s) here:)		
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n amendment provides for ovisions for implementing	the amendment if no	contained in the am	endment itself:	t
(if not applicable, indicate	· N/A)			
	• • • • • • • • • • • • • • • • • • • •			

The date of each amendment(s) adoption: date this document was signed.	, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval
by	(voting group)
(voting group)
Dated_ 8/26/2	02 1
Signature	
(By a director, p selected, by an i	resident or other officer – if directors or officers have not been noorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

the

the