## P21000094463

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Cay Shipping Kings Inc						
DOCUMENT NUMBER: <u>P2100094463</u>						
The enclosed Articles of Amendment and fee are submitted for filling.						
Please return all correspondence concerning this matter to the following:						
Michael Klein  Name of Contact Person  Car Shipping Kngs Inc  Firm/ Company  5645 Coral Ridge Dr # 279  Address  Coral Springs, FL 33076  City/ State and Zip Code  Contact & Carshippingkings. com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Michael Klein  at ( 954 ) 234-075/  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

ticles of Incorp of

Car Shipping Kings Inc	filed with the Florida Dept. of State	SE SE	2022	
(Name of Corporation as currently	filed with the Florida Dept. of State	) <del>}</del>	APR	-17
p21000094463		5.7	70 1	
(Document Number of	Corporation (if known)	55.4 CD-4	0	-
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: <b>A.</b> If amending name, enter the new name of the corporation:	lorida Profit Corporation adopts the f	oll <b>oz</b> vins	PHEI2: 47	i i i Imemis) to
			The n	1010
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			n "Corj	n., ''
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )				<b>-</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				-
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the			
Name of New Registered Agent Michael Form 10274 Hidele-	Springs Cart Box R	etor,	F2, 3.	3498
New Registered Office Address:	, Florida_	(Zip C	'ode)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pe	esition,		
	BUA			
Signature of New Res	zistered 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	D	Michael Forrest	10274 Hidden Springs Ct Boca Rator, FC. 33498
Add			Boun Rator, Fl. 33498
Remove			
2) Change	<del> </del>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
<del>-</del> '	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(5 :	
A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Michael Klein	333,33 Shares
	9 333.33 shares
IVICIONAL PICOCOLLA	
Michael Forrest	- 333.33 Shares
	- 3,53.3} Shares
	- 3,53, 5) Shares
	- 3,53, 5} Share.s

The date of each amendment(s) adoption: _ date this document was signed.	3/21/22		, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of		ory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s) ( <u>C</u>	HECK ONE)		
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of dire	ectors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by t must be separately provided for each votin			
"The number of votes east for the am	endment(s) was/were sufficient	t for approval	
py	oting group)	<u> </u>	
selected, by an in appointed fiducia	esident or other officer – if direct corporator – if in the hands of a ry by that fiduciary)	receiver, trustee, or other court	
	11 Chael Klein (Typed or printed name of per	rson signing)	
ρΥ	resident		
	(Title of person signing)		