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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: KING DELIVER	Y CORP			
DOCUMENT NUM	1BER: 99-3713357				
	es of Amendment and fee are s	ubmitted for filing.			
Please return all corr	respondence concerning this m	atter to the following:			
	ALVAREZ RODRIGUEZ, ANNEL				
		Name of Contact Person			
		Firm/ Company			
	7840 W 28TH AVE 103				
		Address			
	HIALEAH FL 33018				
	City/ State and Zip Code				
	safeconnectioncarriers@gmail.com			ZA NI ECR	7
	E-mail address: (to be to	sed for future annual report notification)	HYTH ELVI SI AG	gardinaris gardinaris
For further informati	on concerning this matter, plea	se call:		2024 NOV 19 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FL	
MARLENE LOREN		at (305) 5463380 Area Code & Daytin)	10: 2 E. FI	O
Name	of Contact Person	Area Code & Daytin	ie Telephone Number	1 1 7	
Enclosed is a check f	or the following amount made	payable to the Florida Department of St	tate:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy Certified (Additional copy is Certified Copy is Cer	onal Copy		
Am	niling Address mendment Section vision of Corporations	Street Address Amendment Section Division of Corpora			
). Box 6327	The Centre of Tal	lahassee		
		04173734	24 C O 1 O		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

KING DELIVERY CORP

(<u>Name</u>	of Corporation as curren	tly filed with the Florida I	Dept. of State)	
P 2400004	3140			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	n adopts the following amendme	nt(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	
ame must be distinguishable and contain Inc ," or Co ," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co"	A professional corporation	d" or the abbreviation "Corp.," name must contain the word	
		210 FONTAINEBLEA	U-BEVD-APT 302	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAMI FL 33172		رم.
			SEC TC	102A H
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		210 FONTAINEBLEA	U BLVD APT 302 主意	2024 HOV 19 AH 10: 27
		MIAMI FL 33172	name of the	至
			m,	0; 2 0; 2
. If amending the registered agent an	d/or registered office add	ress in Florida, enter the t	name of the	計一
new registered agent and/or the new	registered office address	<u>S:</u>	<u></u>	
Name of New Registered Agent PEDRO A ROSALES VAZQUEZ				
	210 FONTAINEBLEAU I	BLVD APT 302 MIAMI FL	. 33172	
	(Florida str	reet address)		
New Registered Office Address.	210 FONTAINEBLEAU BLVD APT 302 MIAMI		Florida	
New Registerea Office Agaress.	(City)		(Zip Code)	

Signature of New 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)

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 = Trustce; C = Chairman or Clerk; CEO = ChiefExecutive 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>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
	P	ANNEL ALVAREZ RODRIGUEZ	7840 W 28TH AVE #203
Add			HIALEAH, FL 33018
X Remove			2024 SE
2) Change	P	PEDRO A ROSALES VAZQUEZ	210 FONTAINEBLEAU BLVD 3
$\frac{X}{X}$ Add			MIAMI FL 33172
Remove 3) Change		_	MIAMI FL 33172 MIAMI FL 33172
Add			TATE 27
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	
· · · · · · · · · · · · · · · · · · ·	13/2024	
Effective date if applicable:	(no more than 90 days after amendment file date)	<u>. </u>
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment of the sproval.	ent(s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following stan- each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u>;</u>	SI 28
0,	(voting group)	₹ <u></u>
		后帝 皇 二
	11.51.0	子耳 っ 「
Dated	11/13/24	家名 二 丌
		기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
Signature	retor, president or other officer - if directors or officers have not be	2024 NOV 19 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FL
(By a di selecter	betor, president or other officer – it directors of officers have not be 1, by an incorporator – if in the hands of a receiver, trustee, or other c	PA 21
	ed fiduciary by that fiduciary)	m
	Pedina A Rosales Vazquez	
	(Typed or printed name of person signing)	<u></u>
	President	
	(Title of person signing)	