

P95000042587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

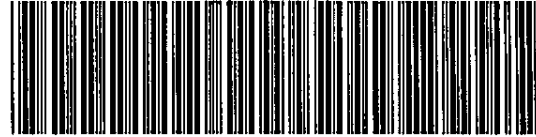
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000293491720

01/06/17--01020--015 \*\*35.00

*Amel*

JAN 10 2017

R. WHITE

FILED  
17 JAN -6 PM 12:52  
SET  
TALLAHASSEE, FL 32301

# **Law Office of Mitchell I. Fried**

## **Attorney and Counselor At Law**

Scan Design Building  
999 Douglas Avenue, Suite 3320  
Altamonte Springs, Florida 32714

Phone 407-682-1331 Fax 407-682-2011

Admitted to Practice in  
Florida and New York

E-Mail: [mfriedlaw@earthlink.net](mailto:mfriedlaw@earthlink.net)

Business Law - Probate  
Real Estate - Personal Injury

Web: [www.mfriedlaw.com](http://www.mfriedlaw.com)

January 3, 2017

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Delivery Solutions, Inc.  
Document Number P95000042587  
Articles of Amendment

Dear Clerk:

Attached please find Articles of Amendment to the above referenced Florida corporation and my check in the amount of \$35.00 payable to the Florida Department of State.

Please process the Articles of Amendment in your records.

Yours truly,



Mitchell I. Fried

MIF/mys  
encs.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** DELIVERY SOLUTIONS, INC.

**DOCUMENT NUMBER:** P95000042587

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MITCHELL I. FRIED, ESQ.  
Name of Contact Person  
MITCHELL I. FRIED, ESQUIRE  
Firm/ Company  
999 DOUGLAS AVE., SUITE 3320  
Address  
ALTAMONTE SPRINGS, FL 32714  
City/ State and Zip Code  
  
tahnwaugh@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MITCHELL I. FRIED, ESQ. at ( 407 ) 682-1331  
Name of Contact Person Area Code & Daytime Telephone Number

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FIL 30

17 JAN -6 PM 12: 52

DELIVERY SOLUTIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000042587

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

150 HOPE STREET

BUILDING B, UNIT 9

LONGWOOD, FL 32750

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

150 HOPE STREET

BUILDING B, UNIT 9

LONGWOOD, FL 32750

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent TAHN WAUGH

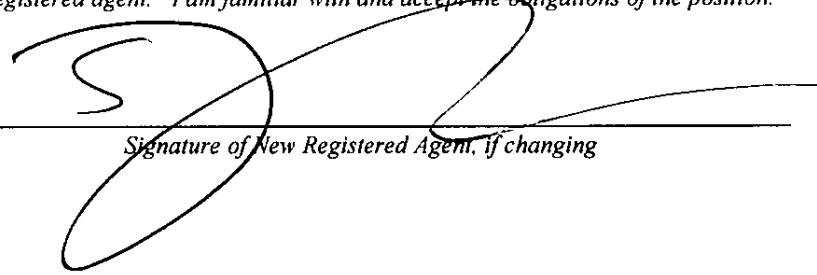
150 HOPE STREET, BUILDING B, UNIT 9

(Florida street address)

New Registered Office Address: LONGWOOD, Florida 32750  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

**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.*

**Example:**

X Change                      PT      John Doe

X Remove                    V        Mike Jones

X Add                        SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>    </u> Change	<u>PSD</u>	<u>WENDY ALEKSIC</u>	<u>2235 SPRINGS LANDING BLVD.</u>
<u>    </u> Add			<u>LONGWOOD, FL 32779</u>
<u>X</u> Remove			
2) <u>    </u> Change	<u>PSTD</u>	<u>TAHN WAUGH</u>	<u>150 HOPE STREET</u>
<u>X</u> Add			<u>BUILDING B, UNIT 9</u>
<u>    </u> Remove			<u>LONGWOOD, FL 32750</u>
3 ) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
4) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
5) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

ALL SHARES OF COMMON STOCK OF DELIVERY SOLUTIONS, INC., HAVE BEEN TRANSFERRED TO

TAHN WAUGH

The date of each amendment(s) adoption: JANUARY 1, 2017, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1-3-17

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

TAHN WAUGH

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)