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(Re	equestor's Name)	
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	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Ві	usiness Entity Nar	me)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Amend + M/C

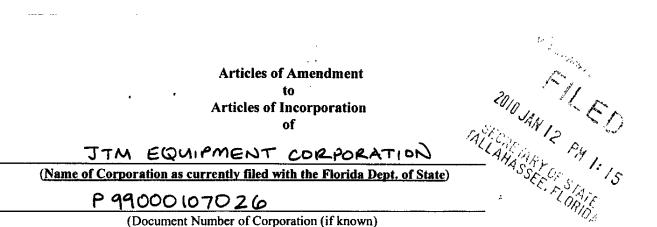
B JAN 14 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	EQUIPMENT CORP.	
DOCUMENT NU	mber: <u></u> # P99 00	0107026	and the other section of
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
	NIL	DOMINGO O	
-	N	ame of Contact Person	
		,	
-		Firm/ Company	
	P.O.	Box 2890	
·		Address	
	CRYSI	TAL RIVER, FL 34423	3
-		ity/ State and Zip Code	
100 (100 (100 (100 (100 (100 (100 (100	e-mail address: (to be use	omingo @ gmail. com	
For further informa	ation concerning this matter,	please call:	
NILO	DOMINGO	at (<u>352</u>) 746-3	<u></u>
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	c for the following amount n	nade payable to the Florida Depart	ment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Ac</u> Amendmen		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 63 Tallahassee		Clifton Building 2661 Executive Center Circle	a
i alianassee	e, FL 32314	Tallahassee El 32301	•

Articles of Amendment



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	e of the corporation:		
WISH DELIVERY I	NC.		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp,	" "Inc," or "Co". A professional of	
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)			_
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF			- -
D. If amending the registered agent and/onew registered agent and/or the new recommendation and the ne	-		<u>he</u>
Name of New Registered Agent:	NILO D	omingo	
New Registered Office Address:	(Florida .	SomiNGO 5th Torr street address) River , Florida 34 (Zip Code)	429
New Registered Agent's Signature, if charle l hereby accept the appointment as registere	nging Registered Agented agent. I am familia	<u>ıt:</u>	e position.

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)

<u>Title</u>	Name	Address	Type of Action
STD	ANTHONY C. DOMINGO	760 SE 5TH TERR CRYSTAL RIVER, FL 34429	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	ional sheets, if necessary). (Be specifi	ic)	
provisions	idment provides for an exchange, recla for implementing the amendment if n applicable, indicate N/A)	assification, or cancellation of iss ot contained in the amendment i	ued shares, tself:

The date of each amendment	t(s) adoption:	1/2010
Tiec		doption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders ere sufficient for approval.	s. The number of votes cast for the amendment(s)
The amendment(s) was/we must be separately provide	re approved by the shareholde ad for each voting group entitle	rs through voting groups. The following statemented to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was	s/were sufficient for approval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
action was not required.		ectors without shareholder action and shareholder s without shareholder action and shareholder
Dated Signature (By		officer – if directors or officers have not been a the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiducia	агу)
	NILO J	Domingo
	(Typed or printed	I name of person signing)
	t	
	PRESIDE	***************************************
	(Title of person signi	ing)