## P140000049079

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ALICE'S XPRE	ESSSS, INC.				
DOCUMENT NUMBER	P14000049679					
The enclosed Articles of A	<del>-</del>	mitted for filing.		· ' <u>-</u>		
•		_				
Please return all correspon	dence concerning this mat	ter to the followin	ıg:			
		SILIA GARA	<b>Y</b> .			
<del></del>	,	Name of Conta	act Person			
		·				
	103	Firm/ Com NE 3RD STI				
	Address POMPANO BEACH, FL 33060					
		City/ State and	Zip Code			
	SILIA	GARAY@YAH	100.00	<b>DM</b>		
_	E-mail address: (to be us	ed for future annu	ial report n	otification)		
For further information co	ncerning this matter, pleas		954	296-1578		
Name of C	ontact Person	at (	Area Cod	e & Daytime Telephone Number		
Enclosed is a check for the	e following amount made p	payable to the Flor	rida Depar	rtment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	рy	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amendr Divisior P.O. Bo	Address ment Section of Corporations x 6327 ssee, FL 32314		Division Clifton 2661 Ex	Address ment Section of Corporations Building secutive Center Circle ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

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2015 MA	30 PM	
	PH 4.	.ويور. رح

ALICE'S XPRESSSS, INC.

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	14.27
P14000049679			67
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts t	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or "C	Co". A professional corporation i	The new " or the abbreviation name must contain the
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent an new registered agent and/or the new			<u>the</u>
	SILIA GARAY		
Name of New Registered Agent	103 NE 3RD STREE	<u> </u>	·
New Registered Office Address:	(Florida stre	et address) 330	60
	(City)	(2	Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registered.			ne 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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	SILIA GARAY	103 NE 3RD STREET
Add			POMPANO BEACH
Remove			FL 33060
2) Change	VP	VICTOR ZOLER	103 NE 3RD STREET
2) Change			POMPANO BEACH
Remove			FL 33060
3) Change	Р	ALICE NERSISSIAN	103 NE 3RD STREET
Add			POMPANO BEACH
Remove			FL 33060
4) Change	S,T	MARIE MARKARIAN	103 NE 3RD STREET
Add			POMPANO BEACH
Remove			FL 33060
5) Change	VP	JACQUELINE AVSHARIAN	103 NE 3RD STREET
Add			POMPANO BEACH
Remove			FL 33060
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary). /A	(Be specific)	<del></del>				
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an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificat andment if not con	ion, or cance lained in the	ellation o amendm	f issued sl ent itself:	nares,	
·			<u> </u>			
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					<del>_</del>	
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	04/01/2015	C - 4h - n 4h - n 4h -
The date of each amendment date this document was signed.		, if other than the
Effective date if applicable:	04/01/2015	
Enecuve date <u>if applicable</u> .	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/well action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
03/2 Dated	23/2015	
Dateu	On C	
Signature	Stanford Comments	
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	SILIA GARAY	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>