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ALLAMASSEE FLORIDA

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NOV 05 2013

R. WHITE

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EXECUTIVE LIMOUSINE AND TOUR SERVICES INC					
DOCUMENT NUMBER: J40075					
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.			
Please return all corresp	ondence concerning this mat	tter to the following:			
	CAPL S	X HM 107			
•		Name of Contact Person			
_	EXECUTIVE	TOURS			
		Firm/ Company			
310 COUNTRY BIVD					
	, )	Address			
	K155	FL 34741			
City/ State and Zip Code					
EXTOURS@AOL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
_SKIP	SCHMIOT	at (_407	619-4464		
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:					
☐ \$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)		

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

## Street Address

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

		·	•
	Articles of Amendment	FILED	
•	to Articles of Incorporation		•
	of	13 OCT 31 PM 4: 1	9
EXECUTIVE LIMOUSINE	AND TADE SERI	MARCHETTAXOF STATE	
(Name of Corporation as current		of State - All, SEE, FLORID	<u></u> ∧
J400	75		<b>'</b> 1
(Document Numbe	er of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Flo	orida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following	ing amendment(
4. If amending name, enter the new name of th	ne corporation:		
	DRS INC.		The second
name must be distinguishable and contain the		y " or "incorporated" or the	The new abbreviation
Corp.," "Inc.," or Co.," or the designation "C	Corp." "Inc," or "Co". A prof	essional corporation name mus	t contain the
ord "chartered," "professional association," or		Λ .	
	1.7	,	
3. Enter new principal office address, if applic Principal office address MUST BE A STREET.		<del>                                     </del>	
Theyarague address most be Astrocal	ADDRESS )		
	1		_
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	: BOX)	. 1	
(			
			_
		10 1.	
			<del></del>
). If amending the registered agent and/or reg	istered office address in Florid	a, enter the name of the	
new registered agent and/or the new registe			
Name of Nav. Paristand 1 a	1/10		
Name of New Registered Agent		<del></del>	
	NM		
-	(Florida street address)		
New Registered Office Address:		Florida	
The Andrews Office Hadreds.	(City)	(Zip Code)	

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

I hereby accept the appointment as registered agent. I am familian 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	<u>PT</u>	John Doe	ſ	Λ		
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith	NI			
Type of Action (Check One)	_Title	<u>Name</u>			<u>Addres</u> s	
1) Change				<del></del>		 
Add						 
Remove						 
2) Change						 
Add						 
Remove						 
3) Change						 
Add						 
Remove						 
4) Change						 
Add						
Remove						 
5) Change		<u> </u>				 
Add						 
Remove						 
6) Change	·					 
Add						
Remove						

ttach additional s	ding additional Art heets, if necessary).	(Be specific)	<del></del>	
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an amendment	orovides for an excl	nange, reclassifica	tion, or cancellation of issued shares,	
if not applica)	plementing the ame ble, indicate N/A)	ndment if not con	tained in the amendment itself:	
	110			
<del></del>	<u> </u>			
	<del></del>			
				<u>-</u> .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, ii other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
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)	
(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 October 29, 20/3	
Signature Sehnuett	
(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)	
LRENE SCHMIDT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	