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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OPEN ARMS TRANSPORT SYSTEM INC.

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5 5 2022 HAY 1.9

TO: Amendment Section

COVER LETTER

Division of Corporations OPEN ARMS TRANSPORT SYSTEM INC. NAME OF CORPORATION: N21000009368 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cheyenne Moseley (Name of Contact Person) Legalzoom.com, Inc. (Firm/ Company) 101 N. Brand Blvd., 11th Floor (Address) Glendale, CA 91203 (City/ State and Zip Code) Tgriffin221@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 773-0888 ext. 9724 Chevenne Moseley (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ■\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address Mailing Address

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

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

Articles of Amendment Articles of Incorporation



LegalZoom.com, Inc.

	of	7022 HAY 19 PM 3:05	
PEN ARMS TRANSPORT SYSTEM INC.		SECRATARY DE CTATE	•
(Name of Corporation as currently filed with th	ne Florida Dept. of State	SECRETARY OF STATE TALLAHASSEE, FL	
J21000009368			
(Document Number	of Corporation (if known)	
rsuant to the provisions of section 617.1006, Florida Smendment(s) to its Articles of Incorporation:	Statutes, this Florida Not I	For Profit Corporation adopts the f	follow
If amending name, enter the new name of the corp	poration:		****
me must be distinguishable and contain the word "co	unavotion" av Uncarenza		The I
Company" or "Co." may not be used in the name.	rporunon of incorpora	ed of the dobrevillion corp. o	
East with a second seco			
Enter new principal office address, if applicable: principal office address MUST BE A STREET ADDR	RESS)		
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX) <u> </u>		

		· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registered	d office address in Floric	la, enter the name of the	
new registered agent and/or the new registered of	ffice address:		
Name of New Registered Agent:			
	(Florido street address)	······	
New Registered Office Address:			
		, Florida	
•	(Ciry)	(Zip Code)	
ew Registered Agent's Signature, if changing Regis	staned trants		
hereby accept the appointment as registered agent. 1	am familiar with and acce	pt the obligations of the 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)

To: +18506176383

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 X_Remove X_Add	<u>v</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	Dorothy Holand	3026 Avenida Republica de Cuba
X Add			Apt. # 4-104
Remove			Tampa, FL 33605-2664
2) Change		·	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page: 6 of 7

E.	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
	(attach additional sheets, if necessary).	(Be specific)					
_							
_							
_							
_							
_							
-							

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The date	, if other than the	
Eff	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	_
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Signature (By the chairman or vice chairman of the board, president or other officer if directors	·
	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Deven Griffin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	