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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: TRANSOCCOMIC GORP.				
DOCUMENT NUMBER: <u>P0000086</u> 39				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
PHDREW MASSIE  Name of Contact Person				
IRANSOCEDALIC CORP.				
19495 BISCAYLIE BLVD. #805				
EVENTURA, FL 33180.				
City/ State and Zip Code				
Kelletrans 53 @ amail. Com.  E-mail address: (to be used for future annual peport notification)				
For further information concerning this matter, please call:				
Kelle Jones at 305, 935-2100				
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 Certificate of Status  Certificate of Status  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to

## Articles of Incorporation

60 n		0.00	
<u></u>	MOURDAIC	-01-	
( <u>Name o</u>		y filed with the Florida Dept. of State)	
P	000000086	f Corporation (if known)	
	(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Same			The new
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the 'Co". A professional corporation name mus 'P.A."	
B. Enter new principal office address, i (Principal office address MUST BE A ST		5ame	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C		same.	THE PROPERTY OF THE PROPERTY O
D. If amending the registered agent and new registered agent and/or the new	registered office address		; <sub>33</sub>
Name of New Registered Agent	same.		<del></del>
			<del></del>
	(Florida str	reet address)	
New Registered Office Address:		, Florida	
		(City) (Zi	p Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		<u>:</u> with and accept the obligations of the position	ı.
	Signatura of Nov. I	Pagistared 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:	, una sa	y smin, sr an an maa,		
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>	<u>Name</u>	Ado	<u>dres</u> s
1) Change	D3	BOUNCHEUH	W, DEBB)E	19495 BISCATALE BLUE MENTURA, FL33180.
Add Remove				PVENTURH, ML33180.
2) Change		AUNISCHKA 1	HOLMES-MO	NCUR
Add				(AS DIBOVE)
Remove	5	KELLE M. J	ONES /	AS ABOUE)
3) Change	-			
Remove				
4) Change	<del> </del>			
Add Remove				
5) Change				
Add				
Remove			_	
6) Change		<u></u>	<del> </del>	
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
none	
If an amendment provides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
none	
	, , , , , , , , , , , , , , , , , , ,

The date of each amendment(s) adoption: MAY 14, 2015 date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
(no more than 30 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
. 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):	nı
"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.	r
The amendment(s) was were adopted by the incorporators without shareholder action and shareholder action was not required	
Dated May 14th, 2015	
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)	
PHDREW MASSIE	
(Typed or printed name of person signing)	
PRESIDEUT	
(Title of person signing)	