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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Magallon Express Inc. DOCUMENT NUMBER: PO10000 59586
DOCUMENT NUMBER: _ PO 10000 59586
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joyce Magallon
Name of Contact Person
Firm' Company
739 SE Forgal St
Port St Lucic, FL 34983
City/ State and Zip Code
2) <u>Imagallon 2003 & Yahoo, com</u> E-mall address: (to be used for future annual report notification) 1) magallon express @ Yahoo, com
For further information concerning this matter, please call:
Joyce Magallon at 772, 267, 5900 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:
S35-Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S35-Filing Fee & S52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporatio

FILED

Articles of Inc	orporation	ILED
Magallon É	· T	2010
	XPC55 L'	2018 SEP 28 PM 12: 51
Palana 50	591	SECRETARY 1112:51
(Document Number of	Corporation (if known)	TALLAHAS OF STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	•	SECRETARY OF STATE TALLAHASSEE. FL
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation nam	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
Name of New Registered Agent N/A	·	
(Florida str	eet address)	
New Registered Office Address:	Florida	(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent;		teta
I hereby accept the appointment as registered agent. I am familiar v	run and accept the obtigations of the p	мион.
Charles CM D	maistana I. Camar Walanasaina	
signature of New K	egistered 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)

_ Remove

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.

X Change	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	D Jessica Parri	Sh 2282 SW Trapp Terr Port St Lucie, FL
Add		Port St Lucie, FL
Remove		34953
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
5) Change	<u> </u>	
Add		

tach additional sheets, if necessary),	(Be specific)
N/A	
10 / F1	
 _	
	
	
	
	, <u> </u>
in amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NIA	
	*
	- <u>-</u>

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 9tt days after amendment 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.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east 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 shareholde action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	ī
action was not required.	
Dated9/25/18	
Signature Donald	<u>.</u>
(By a director, president of other officer - if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other cour	
appointed fiduciary by that fiduciary)	•
Joyce Magallon	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	