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(Requestor's Name)		
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. (Cit	ty/State/Zip/Phone	e #)
DICK.UP	☐ WAIT	MAIL
	□ '' ''''	
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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MAY 08 2013

R. WHITE

3 HAY -3 PH 4: 09
SEGRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PATRIOT	VAN LINES, INC	;.		
DOCUMENT NUMBER: P020000427	93			
The enclosed Articles of Amendment and fee are s				
Please return all correspondence concerning this m	natter to the following:			
STEFANO DISC	ORBO/ GINA			
-	Name of Contact Persor	1		
PATRIOT VAN I	LINES			
	Firm/ Company			
2000 N STATE I	ROAD 7			
	Address			
MARGATE, FL	33063			
	City/ State and Zip Code	2		
ASSISTANT@MOV	INGCOST.COM			
	used for future annual report	notification)		
For further information concerning this matter, ple	ase call:			
GINA	at (954	958-2236		
Name of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made	e payable to the Florida Depa	urtment of State:		
■ \$35 Filing Fee	□\$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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment

to Articles of Incorporation

FILED

13 MAY -3 PH 4:09

PATRIOT VAN LINES (Name of Corporation as currently filed with the Florida Dept. of Spate) RE LARY OF TALCAHASSEE, FLORIDA P02000042793 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address;

Name of New Registered Agent

THE LOMNITZER LAW FIRM, P.A.

7999 N FEDERAL HIGHWAY, SUITE 200

(Florida street address)

New Registered Office Address:

BOCA RATON

, _{Florida} 33487

(ity)

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar 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> <u>Joh</u>	n <u>Doe</u>				
X Remove	<u>V</u> <u>Mik</u>	Mike Jones				
X Add	<u>SV</u> <u>Sall</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	D	ALDO DISORBO	2000 N STATE ROAD 7			
Add			MARGATE, FL 33063			
X Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add			· · · · · · · · · · · · · · · · · ·			
Remove						
6) Change						
Add						
Remove						

• If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)									
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<u>provisi</u>	nendment pr ons for impl not applicabl	ementing the	<u>e amendme</u>	, reclassific ent if not co	eation, or contained in	ancellation the amend	of issued s ment itself:	hares,	
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The date of each amendment(s) adoption: 5/10/13				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendment(s) for approval.			
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):			
"The number of votes cast for the a	mendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder			
action was not required. Dated 5/1/13 Signature	the incorporators without shareholder action and shareholder			
By a director to streeted, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)			
STE	FANO DISORBO			
	(Typed or printed name of person signing)			
PST	D			
	(Title of person signing)			