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(Re	equestor's Name)			
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Amendans

JAN 1 0 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION:	- Corp	
DOCUMENT NUMB	er: <u>P0200</u> 0	117968	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	,
		Janet Davi	/s
-		Name of Contact Persor	1
		Jandar Corr	o
•		Firm/ Company	
_		1548 Nuc	elli Road +, FL 34288
		Address	
_		North Port	+ FL 34288
-		City/ State and Zip Code	2
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Dan	rell Carter	at (941	961 9489
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	ndment Section ion of Corporations		Iment Section on of Corporations
P.O.	Box 6327 [*]	Clifton	Building.
Talla	hassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment
Articles of Amendment to Articles of Incorporation of Sold Sold Sold Sold Sold Sold Sold Sold
of Salary Salary
Sandar Coro
(Name of Corporation as currently filed with the Florida Dept. of State)
PO 2000 1/7968
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Viaquest Travel Inc The new
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."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) # 150 A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1548 Nucelli Rd North Port, FL 34288
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 Name of New Registered Agent
T548 Nuceth Kd. North Fort, FL34288. (Florida street address) New Registered Office Address: 280 Fruitville Kd #150A Sarassa: lorida FL 34237 (City) (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

to

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.

X Change	PT John	1 Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	SV Sall	y Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s .
1) Change		<i>7</i> \		
Add	,			
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			·	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				•

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
/_
N/A
E. If an annual most annual and an annual and an annual fination on annual lation of inqual change
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

The date of each amendment(s) adoption:	, if other th	han the
date this document was signed.		
Effective date if applicable:	y 3, #2017 I more than 90 days after amendment file date)	
(nd	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State	neet the applicable statutory filing requirements, this date will not be listed e's records.	as the
Adoption of Amendment(s) (CHECK	K ONE)	
the amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for approv	eholders. The number of votes cast for the amendment(s) oval.	
	areholders through voting groups. The following statement up entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	ent(s) was/were sufficient for approval	
by	,,,	
by(voting gi	group)	
action was not required. The amendment(s) was/were adopted by the incorp	d of directors without shareholder action and shareholder	
action was not required.		
Dated /-3-/7		
Signature Anut	t Davis	
(By a director, president	t or other officer - if directors or officers have not been	
selected, by an incorpora appointed fiduciary by th	rator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by the	mai inducially)	
\mathcal{J}_{a}	anet Davis	
(Туре	ed or printed name of person signing)	
\mathcal{P}_{n}	resident	
	(Title of person signing)	