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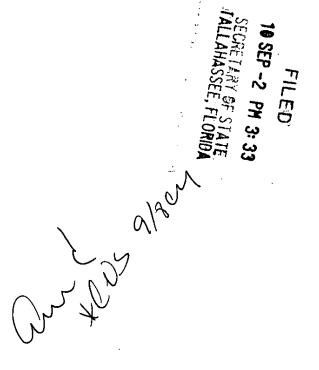
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: ANS EXPRESS INC.
DOCUMENT NUMBER: P0500008765
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AIEX DUCATEL Name of Contact Person
ANS EXPRESS Firm/Company
3305 Nassau Drive
Miramar F1 33023 City/ State and Zip Code
Shayducatel @ hot mail · (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: A EX DUCA TEL at (786) 290.4985 & 7546146319 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 \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

orporation," "compar			
ornoration " "compa		The ne	ew
"Corp," "Inc," or "Co	o". A professio		
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WA		PM 3: 33	רניי
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lorida street address)			
itu)	, Florida_		
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		oj ine positio	r F.
	ity) d Agent: amiliar with and accep	ity) (Zip Code) Agent: Cociation," or the abbreviation "P.A." All P. A. " All P	The sep of the sep of the address: Sep - 2 PM 3: 33 Florida, enter the name of the address: Identify (Zip Code) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
V. Pres.	Sheila Ducatel	15034NE 6 ALR 12 Llavni Fl 33468	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	endment provides for an exchange, recla s for implementing the amendment if n		
	applicable, indicate N/A)	or contained in the amendment i	
 -			

The date of each amendment(s) add	option: 08 -26-10
Effective date <u>if applicable</u> :	option: $08-26-10$ $08-26-10$ $08-26-10$ $08-26-10$ 099
(no m	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	g group)
(voting	g group)
The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder
Dated_ 8/20	6/18
Signature	
selected, by	ctor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President (Title of person signing)
	(Title of person signing)