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COVER LETTER

TO: Amendment Section

Division of Corp	porations	
NAME OF CORPOR	RATION: TransNational Forwarders Corp.	
DOCUMENT NUMBER	BER: 10 - 5 0000 7 /195	
	·	
The enclosed Articles	s of Amendment and fee are submitted for filing.	
Please return all corres	espondence concerning this matter to the following:	
	ANGELA C. BASSO	
	Name of Contact Person	
	TRANSNATIONAL FORWARDERS CORP.	
	Firm/ Company	
	5841 PORTSMOUTH DRIVE	
	Address	
	TAMPA FLORIDA 33615	
	City/ State and Zip Code	
ANG	GIE@TRANSNATIONALCHARTERS.COM	
	E-mail address: (to be used for future annual report notification	1)
For further informatio	on concerning this matter, please call:	
ANGELA BASSO	at (813-335-4095)	813.335.4095
Name	of Contact Person Area Code & Dayti	me Telephone Number
Enclosed is a check fo	or the following amount made payable to the Florida Department of S	tate:
■ \$35 Filing Fee	Certificate of Status Certified Copy Certific (Additional copy is Certified Copy is	Filing Fee cate of Status ed Copy ional Copy losed)
Ame Divi P.O.	illing Address endment Section distingtion of Corporations Division of Corpo D. Box 6327 Diagram 2661 Executive Co	rations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 SEP 26 AH II: 54

SECRETARY OF GIRER

(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 amendm its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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LAKE WALES, FLORIDA 33898
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:
ANGELA C RASSO
Name of New Registered Agent
2075 TIGER CREEK TRAIL. LAKE WALES FL 33898
(Florida street address)
New Registered Office Address: 2075 TIGER CREEK TAIL, LAKE WALES 33898 Florida
(City) (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)

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>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P, RA	MARGARET GRAY	2075 TIGER CREEK TRAIL
Add			LAKE WALES FL 33898
X Remove			
2) Change			
Add			-
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add			
Pamaya			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
					
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	itained in the am	endment itself:	<u>iares,</u>	
				<u>-</u>	
				-	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
9/20/201	7	
Dated	nach Sass	
√(B y 'a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ANGELA C BASSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	