

P05000100775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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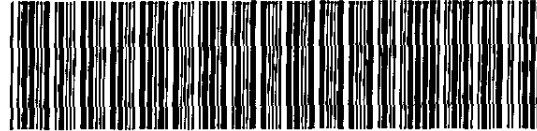
(Business Entity Name)

(Document Number)

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FILED
05 AUG - 8 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN AUG - 8 2005



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 2, 2005

BEST QUICK TAX RETURNS, INC.
310 1/2 S. BUMBY AVENUE
ORLANDO, FL 32803

SUBJECT: OLAN TRANSPORT, INC.
Ref. Number: P05000100775

We have received your document for OLAN TRANSPORT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 505A00049736

TRANSMITTAL LETTER

BEST QUICK TAX RETURNS, INC.
310 1/2 S. BUMBY AVE.
ORLANDO, FL 32803

I AM ENCLOSING A CHECK OF \$35 DOLLARS, PLEASE SEND ME A STAMPED COPY OF
THE ARTICLES.

THANK YOU

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
OLAN TRANSPORT, INC.**

FILED
05 AUG -8 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment (s) adopted: (indicate article number (s) being amended, added, or deleted)

ARTICLE V

The name and Florida street address of the registered agent is:

EMILIO OLAN
2982 ELBIB DRIVE
ST. CLOUD, FL 34772

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: EMILIO OLAN

ARTICLE VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
EMILIO OLAN
2982 ELBIB DRIVE
ST. CLOUD, FL 34772

SECOND: 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, are as follows:

NONE

THIRD: The date of each amendment's adoption : July 20th, 2005.

FOURTH: Adoption of amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. the number of votes cast for the amendments(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

" The number of votes cast for the amendment(s) was/were sufficient for approval by

_____ voting group

_____ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

_____ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 20th of July 2005

Signature: Wilda E Nieves
(By the Chairman of Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

WILDA E. NIEVES

Typed or printed name

PRESIDENT/DIRECTOR

Title

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

Olan Transport, Inc.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

*Emilio Olan
2982 Elbik Drive
St Cloud, Fl 34772
Osceola, Fl 34772*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT
AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY
POSITION ON AS REGISTERED AGENT.

Emilio Olan
SIGNATURE

7/18/05
DATE