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## **COVER LETTER**

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Division of Corporations

2661 Executive Center Circle Tallahassec, FL 32301

Clifton Building

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Empire Coach Line Inc.  DOCUMENT NUMBER: POSCOOIGH975
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia Fontalvo  Name of Contact Person  Empire Coach Line Inc  Firm/Company  IIGI Spruce Ave  Address  Orlando, FL 32824  City/ State and Zip Code  Patry & empire Coach line com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Patricia Fontalvo at (321) 239-0353
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  \$\sigma \frac{1}{2} \\$43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed)  \$\sigma \frac{1}{2} \\$43.75 Filing Fee & Certified Copy Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## **Articles of Amendment**

		ncorporation of	F# FP
Engaine	· (mch	line Inc	· · · · · · · · · · · · · · · · · · ·
(Name of	Corporation as curren	ntly filed with the Flori	da Den bistalero
`	2050001	(11075	- 4 4 02
	(Document Number	of Corporation (if know	SECRETARY OF STATE
			CUKIDA
rsuant to the provisions of section 607.10 Articles of Incorporation:	06, Florida Statutes, th	is <i>Florida Profit Corpor</i>	ration adopts the following amendment(
If amending name, enter the new nam	e of the corporation:		
N/A			The new
nme must be distinguishable and contai Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional associatio	ion "Corp," "Inc," or	"Co". A professional	'incorporated" or the abbreviation
Enter new principal office address, if	annlicable:	NIA	
Principal office address <u>MUST BE A STR</u>			
T			
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del>-                                    </del>	
. If amending the registered agent and/onew registered agent and/or the new r			the name of the
	λ1/Δ	<del></del>	
Name of New Registered Agent	10/7		
_			
	(Florida :	street address)	
New Registered Office Address:	_N/A		, Florida
		(City)	(Zip Code)
ew Registered Agent's Signature, if char hereby accept the appointment as registere	nging Registered Agei	nt: r with and accept the ob-	ligations of the position
tereo, accept me appointment as registere	ы адень. 1 ингранина	г жин ини иссері іне ОВ	пушнонь ој те розшон,
	N/A		
	Signature of New	Registered Agent, if cha	nging

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	
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) X Change		Edwin Vega	1161 Spruce Ave
Add			Orlando, FL 32824
Remove			
2) Change			
Add		1	· · · · · · · · · · · · · · · · · · ·
Remove		1	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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		al Articles, enter c sary). (Be specifi	c)			
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:	<b>↓</b>   / ∧					
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(if not applicable, indicate N/A)  N/A	provisions for implementing th	ne amendment if no	ot contained in the	amendment itself:		
N/A	brostone for unbiculenting th	V/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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)	
(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.	
Signature  (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Patricia Fontalvo (Typed or printed name of person signing)	
President (Title of person signing)	