

2009/APR/02/THU 10:25

KV CARRIER INSURANCE

FAX No. 305-883-6575

P. 001

P06000026119

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : KV CARRIER SERVICES, INC.
Account Number : I20080000029
Phone : (305)883-6262
Fax Number : (305)883-6605

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09 APR -2 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

NEW GLORY CORPORATION

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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2009 APR -2 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FC Amend
4/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Glory Corporation

DOCUMENT NUMBER: P06000026119

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel Macaña

(Name of Contact Person)

Manuel Macaña

(Firm/ Company)

5021 NW 179 TRAIL

(Address)

OPALOCKA FL 33055-3249

(City/ State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

For further information concerning this matter, please call:

Manuel Macaña

(Name of Contact Person)

at (706) 285-4999

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
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(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

New Glory Corporation

(Name of corporation as currently filed with the Florida Dept. of State)

PO6000024119

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

READ AS FOLLOWS:

CHANGE OF ADDRESS: (New Mailing Address)

5021 NW 179 TERR

OPA LOEKA FL 33055-3249

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

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The date of each amendment(s) adoption: 4/2/09

Effective date if applicable: 4/2/09
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved 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)"

☐ 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

Manuel Magaña
(By a director, president or 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)

Manuel Magaña
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35