## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007 Phone : (305)640-0281

Fax Number : (305)640-0282

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LAXMYC 2001 Qyahon - Com

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USTATION OF CONTINUATION

# COR AMND/RESTATE/CORRECT OR O/D RESIGN SAFEWAY TRANSPORT, INC.

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C. LEWIS

OCT 1 7 2013

EXAMINER

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Corporate Filing Menu

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### COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: SAFEWAY	TRANSPORT I	NC
DOCUMENT NUMBER: P0700004655		
The enclosed Articles of Amendment and foc are sub-	mitted for filing,	
Please return all correspondence concerning this mate	er to the following:	
C	CARLOS A PAG	ES
	Name of Contact Person	
SAFEV	VAY TRANSPO	RT INC
	Firm/ Company	
4	411 SW 132 A	/E
	Address	
N	/IIAMI, FL 3317	5
	City/ State and Zip Code	
lax	myc2001@yah	oo.com
E-mail address: (to be use	d for future annual report i	notification)
For further information concerning this matter, please		
LAXMY CHACON	<sub>at (</sub> 305	<u>,</u> 640-0281
Name of Contact Person		lo & Daytime Telephone Number
Unclosed is a check for the following amount made pr	ayable to the Florida Depu	riment of State:
\$35 Filing Fee Season Certificate of Status	□\$43.75 Filing Foe & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, Fl. 32314

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

APPROVED AND FILED

10/16/2013 20:48 FAX 3056400282 LAXMY'S\*CARRIER

pp - 1

**2**003/008

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Articles of Amendment Articles of Incorporation

## øΓ SAFEWAY TRANSPORT INC

hnent(s) to

P07	7000004655	<del></del> '	
(Document Number	r of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Picits Articles of Incorporation:	oridn Statutes, this F	lorida Profit Corporation (	idopts the following amendmen
A. If amending name, enter the new name of th	e cornoration:		
name must be distinguishable and contain the "Corp." "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	'orp." "Inc," or "C	o". A professional corpor	The _new porated" or the abbreviation ration name must contain the
B. <u>Enter new principal office address, if applies</u> (Principal office address <u>MUST BE A STREET A</u>			
C. Enter new malling address, if applicable: (Mulling address MAY BE A POST OFFICE	<u>BOX</u> )		
D. If amending the registered agent and/or registered agent and/or the new register	stered office address:	ss in Florida, enter the na	me of the
Name of New Registered Agent		<del></del>	-
	(Florida sireo	u address)	-
New Registered Office Address:	(City)	, Florida	(Zip Code)
	reng)		(Zip Cour)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	<mark>Registered Agent:</mark> 11 I am familiar wi	th and accept the obligation	is of the position.
Sionature of	New Registered Ag	eni Ifrhanaina	

President; V = V lice President; T = T reasurer; S = S ecretary; D = D irector; TR = T rustee; C = C halman or C lerk; CEO = C hief Executive Officer; CFO = C hief 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	SERGIO I. PAGES	1403 SWAN CT
Add			KISSIMMEE, FL 34759
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	it provides for an e	xchange, reclassif	fication, or cancel	lation of issued sha	res,
I an amendmen	implementing the Al	menament if not	contained in the n	mendment itsell:	
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10/16/2013 20:46 FAX 3056400282

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LAXMY'S\*CARRIER

APPROVED AND FILED

**2**006/006

13 OCT 17 PM 3: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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The date of each amendment	(s) adoption: 10/05/13	, if other than th
date this document was signed	•	
Effective date if applicable:	10/05/13	
<u> </u>	(no more than 90 days after amendment file date)	<del></del>
Adeption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wes by the shareholders was/wes	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement affor 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/0	05/13	
Signature	* Col	
(E	y a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
pj	oppointed fiduciary by that fiduciary)	
	CARLOS A PAGES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	