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(R	Requestor's Name)	
A)	Address)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	·
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Amend

OCT 1 2 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Moving Express Van Line Corp. DOCUMENT NUMBER: P08000018344
The enclosed Articles of Amendment and see are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa Portela
Name of Contact Person
Moving Express Van Line Corp.
Firm/ Company
2365 NW 70th Ave, Suite C-07
Address
Miami, FL 33122
City/ State and Zip Code
admin@movingexpressvanline.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Portela
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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED 2017 OCT 12 PM 3:09

Moving Express Van Line, Corp.	TALLAHARY OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State)	TASSEE, FLORIE
P08000018344	

endment(s) to

If amending name, enter the new name of the	e corporation:	
me must be distinguishable and contain the volorp.," "Inc.," or Co.," or the designation "Cord" (chartered," "professional association." or the control of t	orp," "Inc," or "Co". A pr	
Enter new principal office address, if applica	ıble:	
incipal office address <u>MUST BE A STREET A</u>	(DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
If amending the registered agent and/or regi	stered office address in Flor	ida, enter the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent		
Name of New Registered Agent		
· ——	(Florida street address)	
New Registered Office Address:		, Florida
New Registered Office Address.	(City)	(Zip Code)

Signature of New Registered Agent, if changing

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Kirian Pagan	9725 Fountain Bleau Blvd
Add			Apt 211
X Remove			Miami, FL 33172
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		•	
4) Change		_	
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Ar sheets, if necessary)	(Be specific)			
					
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	t provides for an ex	change, reclassifi	cation, or cancell	ation of issued sh	ares,
f an amendment		<u>nendment if not c</u>	<u>ontained in the ar</u>	nendment itself:	
provisions for in	mplementing the an cable, indicate N/A)				
provisions for in	cable, indicate N/A)				
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The date of each amendment	(s) adoption: 10/08/12
Effective date if applicable:	10/08/12
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wei by the shareholders was/we	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 ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(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/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	10/92/12
Signature _	
(I	By a director, president or other officer - if directors or officers have not been
So	elected, by any neorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
a	ppointed fiduciary by mat fiduciary)
	Lester Leiva
	(Typed or printed name of person signing)
	President
	(Title of person signing)