

PO8000105861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

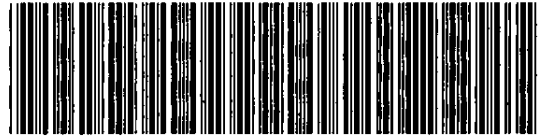
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TALLAHASSEE, FLORIDA  
09 NOV -5 PM 2:02

11/05/09--01034--005 \*\*35.00

Amend  
10/11/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FIRST CHOICE WORLD SHIPPING, INC.

**DOCUMENT NUMBER:** P08000105861

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

Please return all correspondence concerning this matter to the following:

FERNANDA LOLA

Name of Contact Person

SMART TAX

Firm/ Company

513 E SAMPLE ROAD

Address

POMPANO BEACH, FL 33064

City/ State and Zip Code

FERNANDA@THESMARTTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDA LOLA

Name of Contact Person

at ( 954 )

782-3610

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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  
Certified Copy  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**(Name of Corporation as currently filed with the Florida Dept. of State)**

(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

**B. Enter new principal office address, if applicable:**  
***(Principal office address MUST BE A STREET ADDRESS)***

**C. Enter new mailing address, if applicable:**  
***(Mailing address MAY BE A POST OFFICE BOX)***

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: ALINE NASCIMENTO COSTA

*New Registered Office Address:* 4951 PELICAN STREET  
(Florida street address)

COCONUT CREEK, Florida 33073  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Aline N. Costa  
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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>SANTOS, LUCIANO</u>	<u>23037 STATE RD 7</u> <u>BOCA RATON FL 33428 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>PIKELHAIZEN, LUIZITO</u>	<u>23037 STATE RD 7</u> <u>BOCA RATON FL 33428 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>PIKELHAIZEN, LILIANE</u>	<u>23037 STATE RD 7</u> <u>BOCA RATON FL 33428 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. 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)*

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AMENDING OFFICERS AND/OR DIRECTORS:

P	COSTA, ALINE NASCIMENTO	23037 STATE RD 7 BOCA RATON FL 33428 US	ADD
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VP	WISNESKY, DANIEL AFONSO	23037 STATE RD 7 BOCA RATON FL 33428 US	ADD
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• • • The date of each amendment(s) adoption: 11/03/2009  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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)

☒ 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.

Dated 11/03/2009

Signature \_\_\_\_\_

(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)

LUCIANO SANTOS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)