09/21/2010 44 FAX 3056400282

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Page 1 of 1

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : T20040000007

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.\*\*

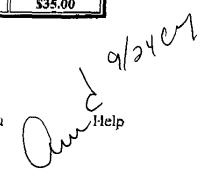
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# COR AMND/RESTATE/CORRECT OR O/D RESIGN CHRISTIAN TRUCK SERVICE INC

Certificate of Status	. 0
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Page Count	01
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LAXMY'S\*CARRIER

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9/21/2010 2:42:12 PM PAGE

1/001 Fax Server



September 21, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CHRISTIAN TRUCK SERVICE INC

9135 NW 96 ST. MEDLEY, FL 33178

SUBJECT: CHRISTIAN TRUCK SERVICE INC

REP: P10000029974

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pastor Moreno is listed as PS, are you removing him as PS or only P. Please clarify.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory decialist II

FAX Aud. #: H10000208579 Letter Number: 410A00022449

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	CHRISTIA	N TRUCK SE	ERVICE INC	
DOCUMENT NU	MBER:		P10000029974		
The enclosed Artic	tles of Amendment and t	fee are submitte	ed for filing.		
Please return all co	orrespondence concernin	g this matter to	the following:		
		PASTOR M			
		Name of Cont	act Person		
	ÇHRI	STIAN TRUC	K SERVICE INC	C	
		Pirm/ Cor	pany	<del></del>	
•					
		9135 NW Addre			
		Addre	55		
		MEDLEY, F	L 33155		
		City/ State and			
·	E-mail address: (to b	e used for luture a	nnual report notifica	ation)	
For further informs	ation concerning this ma	•			
	XMY CHACON	at (	)	640-0281	
Namo	of Contact Person		Area Code & Dayti	ime Telephane Number	
Enclosed is a check	k for the following amou	ınt made payab	lo to the Florida	Department of State:	
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	Cer	.75 Filing Fee & tified Copy ditional copy is encl	S52.50 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		Amer Divis Clifto	t Address dment Section on of Corporation n Building Executive Center		

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

CHRISTIAN TRUCK SE	
(Name of Corporation as currently filed wi	th the Florida Dept. of State)
P1000002997	74
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607.1006. Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
	The new
name must he distinguishable and contain the word "c ahhreviation "Corp.," "Inc.," or Co" or the designation name must contain the word "chartered," "professional ass	"Corp." "Inc." or "Co". A professional corporation ociation," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:	9125 NW 96 ST
(Principal office address MUST BE A STREET ADDRESS	9125 NW 96 ST
	RA :
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9125 NW 96 ST
	MEDLEY, FL 33178
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office	
Name of New Registered Agent: LAXMY'S	CARRIER SERVICES
9090 NW	S RIVER DR
	lorida street address)
MEDLEY (C	, Florida 33166 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am f	
Signature <del>ga s</del>	ew registered regent, y changing

removed an	g the Officers and/or Directors, ento ad title, name, and address of each ( itional sheets, if necessary)	er the title and name of each off Officer and/or Director being ad	<u>icer/director being</u> I <u>ded:</u>
Title	Name	Address	Type of Action
P\$	PASTOR MORENO	4130 SW 69 AVE MIAMI, FL 33155	☐ Add ☐ Remove
<u>P</u>	LUIS HIRAM RIVERA	9780 SW 16 ST MIAMI. FL 33165	✓ Add ☐ Remove
(anach a	dditional sheets, if necessary). (Be	specific)	
provisi	mendment provides for an exchange ons for implementing the amendme tot applicable, indicate N/A)		
		,	
		<del></del>	

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LAXMY'S\*CARRIER

**⊘**006/008

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The date of each amendment(		9/16	(1)
I neighte of ency amendments		of adoption is re	duired)
Effective date if applicable:	<u>\</u>	7/16	ILU
	(no more than 90 days a	fter amendment	file date)
	•		
Adoption of Amendment(s)	(CHECK O	NE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the sharehole sufficient for approval.	ders. The numb	per of votes cast for the amendment(s)
The amendment(s) was/were must be separately provided	approved by the shareho	olders through v	oting groups. The following statement parately on the amendment(s):
"The number of votes co	ast for the amendment(s)	was/were suffic	cient for approval
by			., 
(	voting group)		
The amendment(s) was/were gotion was not required.	adopted by the board of	directors withou	ut shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorpor	ators without sh	archolder action and shareholder
Dated(	09/16/10		
Signature <u> </u>	Posto 9	Tours	
	director, president or other	ner officer – if d	irectors or officers have not been
	ed, by all incorporator – nted fiduciary by that fic		of a receiver, trustee, or other court
врро	THE THEFTHE OF THE AND	- <del></del>	
	PA	STOR MORE	NO
		nted name of pe	
		PRESIDENT	-
	(Title of person s		