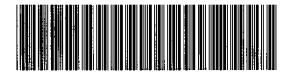
# P10000041300

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| · (Ad                   | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
| •                       |                   |             |
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FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

Amend Mame ch 8 Ma 5/35/10

#### **COVER LETTER**

**TO:** Amendment Section . Division of Corporations

| NAME OF COR              | poration: <u>SANFOR</u>                      | D ORLAHDO SHUTTI  | E AND LIMO INC.   |
|--------------------------|--|---|---|
| DOCUMENT NU              | JMBER: <u>P/00000</u>                        | 41300   |   |
| The enclosed Artic       | cles of Amendment and fee ar                 | re submitted for filing.  |   |
| Please return all co     | orrespondence concerning this                | s matter to the following:  |   |
|                          | TOAN S                                       | STUPARU<br>ame of Contact Person                                    |   |
|                          | Ni   | ame of Contact Person   |   |
|                          | SANFORD OF                                   | RLANDO TRANSPOR   | TATION INC  |
|                          |  | Firm/ Company   |   |
|                          | 2910 EG                                      | RETS LANDING S<br>Address   | 0.R.  |
|                          | LAKE M                                       | ARY FL 32746<br>ty/ State and Zip Code                              |   |
| ·<br>                    | IOAN STUPARU                                 | OBellSoctH. NE  |   |
| For further inform       | ation concerning this matter,                | please call:  |   |
| I                        | DAN CTUPARU                                  | at (407) 702 –<br>Area Code & Daytime Tele                          | 3671  |
| Name                     | of Contact Person                            | Area Code & Daytime Tel   | ephone Number   |
| Enclosed is a chec       | k for the following amount m                 | ade payable to the Florida Depart                                   | ment of State:  |
| S35 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 A                | ddress                                       | Street Address  |   |
| Amendment Section        |  | Amendment Section   |   |
| Division of Corporations |  | Division of Corporations  |   |
| P.O. Box 6327            |  | Clifton Building  |   |
| Tallahassee, FL 32314    |  | 2661 Executive Center Circle  | e   |

Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation**

## SANFORD ORLANDO SHUTTLE AND LIMO INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P10000041300 (Document Number of Corporation (if known)

| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:  | es, this Florida Profit Corporation adopts the follow  |  |  |  |
|--|--|--|--|--|
| A. If amending name, enter the new name of the corporatio  | <u>n:</u>  |  |  |  |
| SANFORD ORLANDO TRANSA name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional association of the contain the word "corp." | oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation |  |  |  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | 1920 EGRETS LANDING DR.<br>LAKE MARY FL 32746  |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 1920 EGRETS LANSING DR.<br>LAKE MARY FL. 32746   |  |  |  |
| 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:  | TUPARU   |  |  |  |
| 2920 E   | GRETS LANDING DR. da street address)   |  |  |  |
| New Registered Office Address: (Flori  | da street address)   |  |  |  |
| LAKE MA  | <u>Ry</u> , Florida <u>3274</u> 6<br>(Zip Code)  |  |  |  |
| (City)   | (Zip Code)   |  |  |  |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family 5/31/10  Signature of New  |  |  |  |  |

Page 1 of 3

### 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>   | Type of Action               |
|------------------|---|--|------------------------------|
| <u>RESIDEN</u> T | IOAN STUPARU  | 1920 EGRETS<br>LANDING DRIVE<br>LAKE MARY FL.                        | ☐ Add ☐ Remove               |
|                  |   | 32746  |                              |
| <del></del>      | •   |  |                              |
| (attach add      | ing or adding additional Articles, enter<br>ditional sheets, if necessary). (Be spec<br>ASE CHANGE MY CU<br>RPORATION WITH<br>ONSPORTATION INC<br>COSE THE CITY O | CARENTLY NAME  C. SANFORD O  | RLANDO                       |
|                  |   |  |                              |
| provisio         | endment provides for an exchange, rens for implementing the amendment in applicable, indicate N/A)  | classification, or cancellation of<br>f not contained in the amendme | issued shares,<br>nt itself: |
|                  |   |  |                              |
| -                |   |  | ·                            |
|                  |   |  |                              |

| The date of each amendment(s   | adoption: 5/21/10   |
|--|---|
| Effective date if applicable:  | 5/24/10 (date of adoption is required)  |
|  | no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)  The amendment(s) was/were by the shareholders was/were | (CHECK ONE)  adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |
|  | approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes ca  | st for the amendment(s) was/were sufficient for approval  |
| by   | oting group)  |
| (1)  | oung group)   |
| The amendment(s) was/were action was not required.                               | adopted by the board of directors without shareholder action and shareholder  |
| action was not required.   | adopted by the incorporators without shareholder action and shareholder   |
| Dated 5/   | 21/19<br>Gery   |
| (By a select   | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary) |
|  | IOAN STUPARU  |
| •  | (Typed or printed name of person signing)   |
|  | PRESIDENT   |
|  | (Title of person signing)   |