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TALLAHASSEE STATE

APR 07 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	n: Anyu	There D	Driver Exp. Down ro Doon Inc
DOCUMENT NUMBER: _	/	P100000	1062297
The enclosed Articles of Ame			
Please return all corresponder	nce concerning this matt	er to the followir	ving:
		HARR	ntact Person
		Name of Conta	ntact Person
	Arywhen	e Drue	vei Exp. Door to Dros Incompany Prispol Bay way Apr #104 ress
	/	Firm/ Com	ompany
	4	715 130	risp/ Bay way Apr #104
		Addres	ress
		Tampa	9, H 33C/9 nd Zip Code
		City/ State and	nd Zip Code
E-	-mail address: (to be use	rry 5980 ed for future annu	nual report notification)
For further information conce	rning this matter, please	e call:	
	Hanny PA	U/at (8/3 325-036/ Area Code & Daytime Telephone Number
Name of Conta	act Person /		Area Code & Daytime Telephone Number
Enclosed is a check for the fo			
_	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Certified Cop (Additional co enclosed)	opy Certificate of Status
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	t Section Corporations 327		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

	, Articles of Amendment		
•	to		
·	Articles of Incorporation		
Angelow Du	ives En De	ve ro Door Inc	_
(Name of Corporation as currently		 	_
, <u> </u>		 ,	
	00000 62297		_
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
CAll-B-4 DUI	: Transport	ATION INC	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET Al	rp," "Inc," or "Co". A pro ne abbreviation "P.A."		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>			15 APR -2 AMII: SECNETARY OF ST TALLAHASSEE, FLO
D. If amending the registered agent and/or registered new registered agent and/or the new registered		da, enter the name of the	1: 55 STATE LORIDA
Name of New Registered Agent			
	(Florida street address)	 	
New Registered Office Address:		, Florida	
	(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.

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>	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Add		 	
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
•	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	-

The date of each amendment(s) adoption:	1 (may 30, 201)	, if other than the
date this document was signed. Effective date if applicable:	March 30, 2015	
(no m	nore than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of votes east for the amendment(s) al.	
The amendment(s) was/were approved by the sharel must be separately provided for each voting group	holders through voting groups. The following statement entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment((s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting gro	ο υ p)	
The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporaction was not required.		
Dated Manch	30, 2015	
Signature Signature		
(By a director, president or	r other officer - if directors or officers have not been	•
selected, by an incorporate appointed fiduciary by tha	or – if in the hands of a receiver, trustee, or other court	
•••	. /	
	HARRY PAUL	
((Typed or printed name of person signing)	
	Puesident	
	(Title of person signing)	