

Division of Corporations Electronic Filing Cover Sheet

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(((H11000152286 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: AMBAR DIAZ, P.A.

Account Number : I20110000016

Phone

(305)476-8100

Fax Number

: (305)476-8788

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALIANZA EXPRESS SERVICE & TRAVEL CORP.

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COVER LETTER

3054768788

(((H11000152286 3)))

TO: Amendment Section Division of Corporations

NZA EXPRESS SERVICE & TRAVEL CORP.
P10000092065
I fee are submitted for filing.
ing this matter to the following:
AMBAR DIAZ, ESQ
Name of Contact Person
AMBAR DIAZ, P.A.
Firm/ Company
2 NW 42 AVENUE SUITE 434
Address
MANAN EL 22426
MIAMI, FL 33126 City/ State and Zip Code
aespirituana@yahoo.com be used for future annual report notification)
atter, please call:
at (305) 476-8100 Area Code & Daytime Telephone Number
[.
unt made payable to the Florida Department of State:
S43.75 Filing Fee & S2.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 (((H11000152286 3)))

TO: 18506176380

P.3

Articles of Amendment to Articles of Incorporation of

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TALLAHASSE	E. FLORIS
	-11/0 ₄

ALIANZA EXPRESS SERVICE & TRAVEL CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000092065

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1 006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	N/A	The new
abbreviation "Corp.," "Inc.," or Co.," (stain the word "corporation," "compan or the designation "Corp," "Inc," or "Co "professional association," or the abbre	". A professional corporation
B. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli- (Molling address MAY BE A POST C		
·		<u></u>
	d/or registered office address in Florida.	enter the name of the
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		enter the name of the
new registered agent and/or the new	registered office address:	enter the name of the
new registered agent and/or the new Name of New Registered Agent:	N/A (Florida street address)	enter the name of the Florida (Zip Code)
new registered agent and/or the new Name of New Registered Agent: New Registered Office Address; New Registered Signature, if ch	N/A (Florida street address) (City) (Sanging Registered Agent:	, Florida (Zip Code)
new registered agent and/or the new Name of New Registered Agent: New Registered Office Address; New Registered Office Address;	N/A (Florida street address) (City)	, Florida (Zip Code)
new registered agent and/or the new Name of New Registered Agent: New Registered Office Address; New Registered Signature, if ch	N/A (Florida street address) (City) (Sanging Registered Agent:	, Florida, Florida(Zip Code) the obligations of the position.

3054768788

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(attach aa	lditional sheets, if necessary).	Be spec	ific)	
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JUN-10-2011 01:25P FROM:AMBAR DIAZ,P	.A. 3054768788	TO:18506176380	P.5
* The date of each amendment(s) adoption	. Lelil 2011	(((H110001522	86 3)))
I ne date of each amendment(s) adoption	(date of adoption is required)		
Effective date if applicable: (no more th	an 90 days after amendment file date,)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient		tes cast for the amendment(s))
The amendment(s) was/were approved to must be separately provided for each vo			11
"The number of votes cast for the a	mendment(s) was/were sufficient for	approval	
by	••		
(voting grou	(p)		
The amendment(s) was/were adopted by action was not required.			
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholds	r action and snareholder	
Dated(oli)	2011		
Signature	12		
selected, by an ir	resident or other officer – if directors occuprorator – if in the hands of a receivery by that fiduciary)		
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	(Typed or printed name of person signal Provident)	ning) O	
(Tit	le of person signing)		

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