| (Requestor's Name)                      |          |
|---|----------|
| (Address)                               | 100217   |
| (Address)                               | 100217   |
| (City/State/Zip/Phone #)                |          |
| (Business Entity Name)                  | 01/10/12 |
| (Document Number)                       |          |
| Certified Copies Certificates of Status |          |
| Special Instructions to Filing Officer: |          |
|   |          |
|   |          |

Office Use Only



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## **COVER LETTER**

| TO: Amendment Section Division of Corpor |  |  | •  |
|--|--|--|--|
| NAME OF CORPORA                          | ATION: All Star Fle  | et, Inc.   |  |
|  | ER: P1100009500  |  |  |
| The enclosed Articles of                 | f Amendment and fee are su   | abmitted for filing.   |  |
| Please return all corresp                | ondence concerning this ma   | tter to the following:   |  |
|  |  | William S. Vasc  | · · · · · · · · · · · · · · · · · · ·  |
|  |  | Name of Contact Person   | 1  |
|  | A & .  | A Business Serv  | rices, Inc.  |
| -  |  | Firm/ Company  |  |
|  | 7751 k   | Kingspointe Pkw  | y. Suite 125   |
| <del>-</del>                             | · · · · · ·  | Address  |  |
|  |  | Orlando, FL. 32  | 819  |
| _  |  | City/ State and Zip Cod  | e  |
|  |  | ousinessfl@hotn  |  |
| <del></del>                              | E-mail address: (to be us  | sed for future annual report   | notification)  |
| For further information                  | concerning this matter, pleas  | se call:   |  |
| William                                  |  | at (407  | 383-7812   |
| Name of                                  | Contact Person   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for                  | the following amount made  | payable to the Florida Depa  | artment of State:  |
| ■ \$35 Filing Fee                        | □\$43.75 Filing Fee & Certificate of Status enclosed)                | □\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C | □\$52.50 Filing Fee Certificate of Status Certified Copy Topy is enclosed)               |
| Amen<br>Divisi<br>P.O. E                 | ng Address dment Section on of Corporations dox 6327 assec, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                                  | Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

## All Star Fleet, Inc.

| (Name of Corporation as currently filed with the Florida Dept. of State)   |            |
|--|------------|
| P11000095002   |            |
| (Document Number of Corporation (if known)   |            |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend its Articles of Incorporation:   | ment(s) to |
| A. If amending name, enter the new name of the corporation:  |            |
|  | ew         |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." |            |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | ON S       |

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

(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>Titte</u> | <u>Name</u>       | <u>Addres</u> s                           |
| 1) Change<br>Add<br>Remove | VP           | SAISNARINE DUDLEY | 4064 SUNNYDAY WAY<br>KISSIMMEE, FL. 34744 |
| 2) Change Add Remove       |              |                   |   |
| 3 ) Change Add Remove      |              |                   |   |
| 4) Change Add Remove       |              |                   |   |
| 5) Change Add Remove       |              |                   |   |
| 6) Change Add Remove       |              | <del></del>       |   |

| If amending or adding additional Article (attach additional sheets, if nevessary). |  |
|--|--|
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| provisions for implementing the amer   | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  ARTICLE II: CHANGE SH                           | IARES FROM 100 TO 65   |
| TO MR. JAGATPAUL PE  |  |
|  | RIDGE COURT, ORLANDO FL. 32818   |
| 15511250. 5020 1101(11   | THE CL COUNTY CHEMINE OF LICEOTO   |
| ARTICLE II: ADD 35 SHA   | ARES TO MR. SAISNARINE DUDLEY  |
| ADDRESS: 4064 SUNNY  | DAY WAY, KISSIMMEE, FL. 34744  |
|  |  |
|  |  |

| The date of each amendment(s) a                                  | adoption: JANUARY 01, 2012  |
|--|---|
| Effective date if applicable:                                    | (no more than 90 days after amendment file date)  |
|  |   |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s | lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.   |
|  | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): |
| "The number of votes cas   | t for the amendment(s) was/were sufficient for approval   |
| by   | (voting group)  |
|  | (roung group)   |
| ☐ The amendment(s) was/were ad action was not required.          | opted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were ad action was not required.            | lopted by the incorporators without shareholder action and shareholder  |
| Dated 01/05  | /2011   |
| Signature & 9  | director, president or other officer – if directors or officers have not been   |
| (Be of   | lirector, president or other officer - if directors or officers have not been   |
| selecte  | ed. by an incorporator – if in the hands of a receiver, trustee, or other court   |
| appoir   | nted fiduciary by that fiduciary)   |
|  | JAGATPAUL PERSAUD   |
|  | (Typed or printed name of person signing)   |
|  | PRESIDENT   |
|  | (Title of person signing)   |