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SECRETARY OF STATE

MC

MAY 1 3 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: AIISTATE	MARINE TRANS	SPORT
DOCUMENT NUME	BER: P1200000250	9	
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	tter to the following:	
	Sarah Marfo	·	
		Name of Contact Person	1
		Firm/ Company	
	320 Villa Sorrento	o Circle	
		Address	
	Haines City, Flori	da 33844	
		City/ State and Zip Code	e
ALI	STATEMarine@ E-mail address: (to be us	gmail.com sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Sarah Marfo		at (863	258-8586
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		. Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Alistate Marine Transport Inc

(Name of Corporation as currently	v filed with the Flori	da Dept. of State)		~9
P12000002509				
	of Corporation (if kn	own)	.,,==	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Floi</i>	rida Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of the	corporation:			
ALLSTATE MARINE TRANSPO	ORT INC			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co"	. A professional corporati	ated" or the ab	breviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ble: DDRESS)			
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<i>BOX</i>)			
	-			
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address ed office address:	in Florida, enter the name	of the	
Name of New Registered Agent				
	(Florida street a	address)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: t. I am familiar with	and accept the obligations	of the position.	
Signature of	New Registered Agei	nt, 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		
		John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ume</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				- Annual Control of
5) Change	-			
Add				
Remove				- And Angelogia in the Control of th
6) Change				
Add				A
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	- A
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption	DDI: 05/06/2013
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes east for th	e amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 5/6/	13
Signature (By a direct	x, president or other officer – if directors or officers have not been
	an fincorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
Sa	rah Marfo
	(Typed or printed name of person signing)
Pre	esident
	(Title of person signing)