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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC

Account Number : 120120000040
Phone : (305)405-2600
Fax Number : (305)405-2601

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTHERN POINT TRANSPORT INC

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Corporate Filing Menu

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10/3/2012 3 12

COVER LETTER

TO: Amendment Section of Corporation of Corporation (Corporation)			
	LATION: SOUTHER JER: P1200000448		ISPORT INC
	of Amendment and fee are a		
	pondence concerning this ma	•	
	Z	OELYN IGLESI	AS
•	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	a
	THE ELITE CA	RRIER SERVIC	ES OF MIAMI LLC
		Firm/ Company	
		6802 NW 77 C	
		Address MIAMI, FL 331	ISS
		City/ State and Zip Cod	
For further information	E-mail address: (to be u	sed for future annual report	notification)
ZOELYN IGL	ESIAS	/305	. 405-2600
Name o	Contact Person	Area Co	405-2600 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
335 Filing Foe	☐\$43.75 Filing Fee & Certificate of Status	U\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	US\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address heen Section on of Corporations Building executive Center Circle ssees, FL 32301

FILED

2012 OCT -3 PM 3: 0:1

SECRETARY OF STATE

Articles of Incorporation

SOUTHERN POINT TRANSPORT INC

P12	<u> 2000004489</u>	A. of State)	
	or of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Plits Articles of Incorporation:	orida Statutes, this <i>Plorida Pr</i>	ofit Corporation adopts the fo	ot (e)tnembrema gaiwolk
A. Hamending name, cuter the new pages of the SOUTH POINT TRANSPOR	RTINC		The naw
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," ar the designation "(word "chartered," "professional association," or	Corp." "Inc," or "Co". A p	ony," or "incorporated" or rofessional corporation name	the abbreviation must contain the
B. <u>Enter new principal office address. if applic</u> (Principal office address <u>MUST BE A STREET</u>			
C. Luigt new mailing address. if sopilcable;			A
(Mailing address MAY BE A POST OFFICE			
D. If amending the registered arent and/or rea new registered agent and/or the new registe	dstered office address in Flo ared office address:	rids, enter the name of the	· ·
Name of New Registered Agent			
	(Florida street address,)	
New Registered Office Address:		, Florida	
	(City)	(Zip Co	odej
New Resistered Agent's Signature, if changing I hereby accept the appointment as registered age	Resistered Avent: one. I am familiar with and o	ecept the obligations of the pe	sition.
Signature	of New Registered Agent, if ch	rang ing	

(Attack additional sheets) Please note the officer/di P = President; V= Vice . Executive Officer; CFO . held President, Treasure Changes should be noted	smort D if necess rector till President Chief I r, Direct in the fo	nrector 1 nary) le by the j i; I'= Tre l'Inancial or would llowing n arporatio	eaug added: first letter of the office title: casurer; S= Secretary; D= Director; TR= Tr. Officer; If an officer/director holds more th be PTD. neanner: Currently John Doe is listed as the P m, Sally Smith is named the V and S. These s.	lirector being removed and title, name, and sistee: C = Chairman or Clerk; CEO = Chief was one title, list the first letter of each office ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
X Change	PI	John De	26	
X Remove	¥	Mike Jo	nes	
_X Add	<u>sv</u>	Selly St	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change		_		
Add				
Remove				
2) Change		-		
Add				
Remove				
3)Change		_		
Add				
Romove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				<u></u>
Remove				
6)Change		_		
Ådd				
Remove				

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If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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rovisions fo	ent provides for an excha r implementing the amen plicable, indicate NA)	inge, reclassificatio	n, or cancellation ined in the amend	of insued shares. ment itself:	
					
	***************************************	***		<u> </u>	
			<u>-</u> .		
			•		

The date of each amendment(s)	adoption: 10/03/2012
Effective date if applicable: 10	0/03/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	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)
	(voting 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.	opted by the incorporators without shareholder action and shareholder
Dated 10/03	2012
	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
	and fiduciary by that fiduciary)
	JORGE OJEDA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)