## P12000011094

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: KR ONE W		RTATION INC	
DOCUMENT NUMI	BER: P1200011094			
	of Amendment and fee are sul			
Please return all corres	spondence concerning this mat	ter to the following:		
	HUMBERTO IBA	NEZ		
		Name of Contact Person	1	
	KR ONE WAY TE	RANSPORTATION	ON INC	
	10713 NW 75 LN	Firm/ Company		
	107 10 1444 70 EIV	Address		
	MEDLEY FLORIDA 33178			
		City/ State and Zip Code	2	
	NA		·	
	E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
HUMBERTO IBANEZ at (786 ) 2009307				
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

KR ONE WAY TRANSP	ORTATION INC		
(Name of Corporation as	s currently filed with the Flo	orida Dept. of State)	
P12000011094			
(Docume)	nt Number of Corporation (if I	known) .	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fa	lorida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or "C	""company," or "incorporated" or the abo o". A professional corporation name must co	breviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		10713 NW 75 LN	
		MEDLEY FLORIDA 33178	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		10713 NW 75 LN	
		MEDLEY FLORIDA 33178	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	HUMBERTO IBA	NEZ	
	10713 NW 75 LN	1	
	(Florida stree	et address)	
New Registered Office Address:	MEDLEY	, Florida 33178	
	(Civ)	(Zin Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Lunf favaillar with and accept the obligations of the position.

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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	PT	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>Name</u>	<u>Addres</u> s
() Change	Р	CHRISTIAN JURADO	15341 NW 33 PL
Add			MIAMI GARDENS. FLORI
Remove			
2) Change	Р	HUMBERTO IBANEZ	10713 NW 75 LN
Add			MEDLEY.FLORIDA. 33178
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary)	icles, enter change(s) here: (Be specific)
N/A	• •
·	
	18-10-18-19-18-18-18-18-18-18-18-18-18-18-18-18-18-
	110.00
F. If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate $N/A$ )	
N/A	

The date of each amendmen date this document was signed	t(s) adoption: <u>03/23/2014</u>	, if other than the
Effective date if applicable:	03/25/2014	
тиссия часе <u>и арунсави</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_03/2	25/2014	
s	By alchredor, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del>
	HUMBERTO IBANEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	