P12000024334

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument.Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	-
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Office Use Only

+00789, 04076, 00701, 00524, 00671



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2012

Johnson Joseph Field Services Express Inc 19553 N.W. 2nd Ave., Suite 206 Miami Gardens, FL 33169

SUBJECT: FIELD SERVICES EXPESS INC.

Ref. Number: P12000024334

We have received your document for FIELD SERVICES EXPESS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please be sure to sign the articles of amendment as the president. This document was not signed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 512A00011504

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ation: Field S	ervices Exp	oress Inc.
DOCUMENT NUMBI	er: <u>P12000</u> 0	324334	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
-		Name of Contact Person	
-	Fleia C	Firm/ Company	
_	19553	NW 2nd rue Address	suite# 206
-	Miani Garde	City/ State and Zip Code	9
	Field Services ex E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Johnson Name of	Soseph Contact Person	at (<u>365</u> Area Co	748-1662 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	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ing Address Induction Section Identify S	Amend 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

FILED

2812 MAY 16 PM 4: 18

Field Services Expess	Inc. SECRETARY UT ORIDI
(Name of Corporation as currently filed with the F	Iorida Dept. of State) TALLATIA
•	The state of
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation '	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	19553 NW 2nd AUF Suite#206
	Man, Gardens, FC 33169
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 add new registered agent and/or the new registered office address	
Name of New Registered Agent	
1953 'NW 2 (Florida str	no Florida 33169 (Zip Code)
New Registered Office Address: Miam Garde	no Florida 33169
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. Yam familiar	i: with and accept the obligations of the position.
March -	
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, a	ınd
address of each Officer and/or Director being added:	
$II_{ij} = I + II_{ij} = I + I + II_{ij} = I$	

(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: XChange	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	P/CE0	Johnson Joseph	19553 NW and AUC Sufe 206 Mam. Gardens, FC 33169
2) X Change Add Remove	7/000	Jacklim Prince	Same at above
Change Add Remove	-	Paul Prince	- Remove officer
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Correct the name and address of company.
Old Name: Field Services Expess Inc.
Old Address: 19595 NW 2nd AUX suite 206
Miami Gardens, Fl 33169
The state of the s
New Name: Field Services Express Inc
19553 NW 2nd PLE suite 206
Miami Gardens, FL 33169
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
100% Share
Johnson Joseph 50 %
Jacklin Prince 50%
•

The date of each amendment(s) adoption: 4-18-1
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 4/18/2012
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President
(Title of person signing)