P12000047939

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECKETARY OF STATE

C. TEINING 5013

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPOR	RATION: BN TRANS	PORT CORP.		
	BER: P1200004793			
DOCUMENT NUMI)EK;			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
RICHARD WICEV				
		Name of Contact Persor	!	
	N/A			
Firm/ Company				
	3826 EMERSON			
		Address		
	SCHILLER PARK	(, IL 60176		
		City/ State and Zip Code	•	
rwi	cev@yahoo.com			
		ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
RICHARD WICEV at (847) 928-9493				
Name	of Contact Person		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)	
Mailing Address		Street Address		
	endment Section sision of Corporations		ment Section n of Corporations	
P.O. Box 6327 Clifton Building				
Tall	ahassee, FL 32314		xecutive Center Circle ssee, FL 32301	

Articles of Amendment Articles of Incorporation of

FI	LED
13 SEP 2	2
NETAHASSE	OF STATE E. FLORIDA

BN TRANSPORT CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000047939

nent(s) to

A. If amending name, enter the new name of the corporation: N/A	The
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable:	805 RAVENS CIRCLE, APT. 201
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ALTAMONTE SPRINGS, FL 32714
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	805 RAVENS CIRCLE, APT. 201 ALTAMONTE SPRINGS, FL 32714
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr	
Name of New Registered Agent PETKO T YAN	
**************************************	CIRCLE, APT. 201
	street address)
(Florida	ODDINGO 00744
New Registered Office Address: ALTAMONTE	SPRINGS , Florida 32714

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.

X Change	PT	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) X Change	PS	KALOYAN MARINOV KARPUSCHIEV	9243 SALLY LN.
Add			SCHILLER PARK, IL 60176
Remove			
2) Change	V	PETKO TODOROV YANCHEV	805 RAVENS CIRCLE, APT. 201
X Add			ALTAMONTE SPRINGS, FL 32714
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
	 		
Add			
Remove			

E. <u>If ameno</u> (Attach o	ing or adding additional Ar iditional sheets, if necessary)	ticles, enter change	e(s) here:		
	unitonal sheets, if hecessary)	. (be specific)			
NONE					
					·····
		•			
					
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				•	
		· · · · · · · · · · · · · · · · · · ·			
. If an am	endment provides for an ex	change, reclassifica	ition, or cancellati	on of issued share	es,
provisi	ons for implementing the an	nendment if not cor	tained in the ame	ndment itself:	
	not applicable, indicate N/A)				
N/A					
					1111
					- v
					
	-				
	•				
					· · · · · · · · · · · · · · · · · · ·

The date of each amendment	(s) adoption: 09/10/2013	Fother than the
date this document was signed Effective date if applicable:	09/10/2013 SEUR	SEP 23 AM 8: 31
incense date in apparente.	(no more than 90 days after amendment file date) ALLA,	ETANT DF STATE IASSEE. FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	rent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_ 09	/10/2013	
S€	Haloyan Maxinov harpuschiev By a director, 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 compointed fiduciary by that fiduciary)	int .
	KALOYAN KARPUSCHIEV	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)