P12000056008

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S. HAWKESAUG - 2012

EXAMINER

COVER LETTER

'TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AJC EXPRE	SS CORP.
DOCUMENT NUMBER: P12000056008	
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matte	r to the following:
JUAN MANUEL C	HAVEZ
	Name of Contact Person
AJC EXPRESS CO	ORP
20270 1,714 02 004	Firm/ Company
20072 NW 86 COL	
HIALEAH, FL 330	Address 15
	City/ State and Zip Code
CHAVEZJ@BELLSOU	JTH.NET
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
JUAN MANUEL CHAVEZ	at (305) 299-2748
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	2843.75 Filing Fee & Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

12 AUG 13 PM 4:08

AJC EXPRESS CORP

(Name of Corporation as curr P12000056008	ently filed with the Flor	ida Dept. orstate).	STATE	
	mber of Corporation (if k		-UN/D.	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporation add	opts the following am	endment(s) t
A. If amending name, enter the new name o	f the corporation:			
			The	new .
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,'	"Corp," "Inc," or "Co	". A professional corporat		
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		·		
D. If amending the registered agent and/or	registered office addres	s in Florida, enter the nam	e of the	
new registered agent and/or the new reg		<u>5 (1. 1. 151) Aug Curer The Main</u>	<u> </u>	
Name of New Registered Agent				
	<i>€</i>			
	(Florida stree	address)		
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if chang	ing Registered Agent:			
I hereby accept the appointment as registered	agent. I am familiar wi	th and accept the obligations	s of the position.	

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 <math>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.

Mike Jones, V as Remove				inese sm	Sind de noted as sonn boe, 17 as a c.	nange,
Example: X Change	<u>PT</u>	John Doe			THE STATE OF THE S	Lave Town
X Remove	<u>V</u>	Mike Jones				. 6
<u>X</u> Add	<u>sv</u>	Sally Smith				9. 1.08
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			Address	(B)
1) Change	VP	RAM	IRO OCAMPO		20072 NW 86 COURŤ	
X					HIALEAH, FL 33015	
Remove						
2) Change				<u> </u>		
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change				<u> </u>		
Add						
Remove						
5) Change			· · · · · · · · · · · · · · · · · · ·			
Add						
Remove						
6) Change						
Add						
Remove						

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	A STATE OF THE STA
	S. The state of th
E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	SAS O
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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)	
	<u></u>
·	

The date of each amendment(s) adoption: AUGUST 9, 2012 **AUGUST 9, 2012** Effective date if applicable: (no more than 90 days after amendment file date) CANGO OF THE OB 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 ☐ 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 AUGUST 9, 2012 (B) 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) JUAN MANUEL CHAVEZ (Typed or printed name of person signing) PRESIDENT (Title of person signing)