Florida Department of State

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ANGEL EXPRESS TRANSPORTATION INC

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Electronic Filing Menu Corporate Filing Menu

Help

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p.2

**COVER LETTER** 

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGEL EXPRESS TRANSPORTATION INC DOCUMENT NUMBER: P12000077549 The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RALPH PADRON

Name of Contact Person

PADRON & ASSOCIATES, INC.

Finn/ Company

**2095 W 76TH STREET** 

Address

HIALEAH, FL 33016

City/ State and Zip Code

## RALPH@RALPHPADRON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RALPH PADRON** 

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee

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enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy

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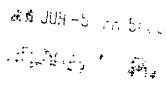
Mailing Address Amendment Section Division of Corporations P.O. Box 5327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

р.3

Articles of Amendment Articles of Incorporation of



ANGEL EXPRESS TR	(ANSPORTA	TION INC.		
(Name of Corporation a	is currently filed with	the Florida Dept. of S	tate)	
P12000077549				
(Docunx	ent Number of Corporati	ion (if known)		_
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes,	dis <i>Florida Profit Co</i>	rporation adopts the tollow	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>n:</u>		
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc."	or "Co". A professio	or "incorporated" or the nal corporation name mus	The new abbreviation I contain the
B. Enter new principal office address. (Principal office address <u>MUST BF A'S</u>	if upplicable: TREET ADDRESS )			<b>-</b> -
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>	icable: OFFICE BOX			- - -
D. If amending the registered agent an new registered agent and/or the new	w registered office add	ress:	ter the name of the	_
Name of New Registered Agent	PEDRO RUE	31 		
	5401 COLLI	NS AVE - AP	T 629	
	(Flond	a street address)	<del></del>	
New Registered Office Address:	MIAMI BEAC	;H [.]	_, Florida_33140	
	(6	(iiy)	(Zip Code)	-
lew Registered Agent's Signature, if ch	ranging Registered Ag	<u>ent:</u>		
hereby accept the appointment as registe	red agent. I am famili	ar with and accept the c	obligations of the position.	
5:	TO THE OF YOUR PROPERTY.	1		
Sig	mature of New Register	a Agent, if changing		
•				

Page 1 of 4

SECTION OF SECULOR PROCESSES OF THE SECTION OF THE SECTION OF SECT

p.4

Attach additional sheet Please note the officer/d P = President; V = Vice Executive Officer; CFO held. President, Treasw Changes should be note.	r and/or ) s, if neces lirector til e Presider = Chief er, Direct d in the fo aves the c	Ofrector stary) tile by the st: T= Tro Financia tor would pollowing i corporati	heing added:  first letter of the operation of the operat	fice title: tary: D= Director; TR: ficer/director holds mo t John Doe is listed as t	cer/director being removed and title, name, and  = Trustee: C = Chairman or Clerk; CEO = Chief  ore than one title, list the first letter of each office  the PST and Mike Jones is listed as the V. There is  ese should be noted as John Doe, PT as a Change,
X Change	PT	John D	oc l		
X Reniove	<u>v</u>	Mike J	<u>ones</u>		
_X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	Title		<u>Name</u>		Address
I) Change	VPS	Ti	ACOSTA, P	EDRO	5401 COLLINS AVE
Add					APT 608
Remove					MIAMI BEACH, FL 33140
2) Change		_			
Add					
Remove					
3 ) Change Add		_		<del> </del>	
Remove					<u>-</u> ,
4) Change					
Add		-		<del>-</del>	
Remove					
5) Change		_			
Add					
Remove					
Change		_			
Add					
Remove					

p.5

If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be specified)	change(s) here:
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exchange, reclas-	sification, or cancellation of issued shares,
provisions for implementing the nucewiment if no (if not applicable, indicate N/A)	of contained in the amendment itself:

Page 3 of 4

p.6

than the

The date of each amendment(s) adoption:	
out this document was signed.	
Effective date if applicable:	
(no more th	an 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was	were sufficient for approval
by	.,
(voting group)	
The arnendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated 06/05/2019	
Signature	
(By a director, present or other estected, by an incorporator - if is appointed fiduciary by that fiduciary	officer – if directors or officers have not been a the hands of a receiver, trustee, or other court ary)
PEDRO ACOSTA	
(Typed	or printed name of person signing)
VICE-PRESIDENT	
	(Title of person signing)