# DAW00095530

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLAHASSEF FIREIN

1 Since Process



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2012

MABEL ROMANIUK MABEL ROMANIUK & ASSOCIATES PA 1689 NE 123RD STREET NORTH MIAMI, FL 33181

SUBJECT: ROUTE INTERNACIONAL INC

Ref. Number: P12000095530

We have received your document for ROUTE INTERNACIONAL INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

THE REGISTERED AGENT IS NOT AN OFFICER THEREFORE HE CAN NOT SIGN THE AMENDMENT FORM.

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.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 012A00029517

### **COVER LETTER**

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR	RATION: ROUTE IN	TERNACIONAL	INC
	BER: P1200009553	······································	***
DOCUMENT NUMI	BER: 1 120000000		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	MABEL ROMANI	UK	
		Name of Contact Person	
	MABEL ROMANI	UK & ASSOCIA	TES PA
		Firm/ Company	
	1689 NE 123RD	ST	
		Address	
	NORTH MIAMI_F	FLORIDA 33181	
		City/ State and Zip Code	3
MΔ	BELROMANIUK@	BELL SOLITH I	NET
141/		ed for future annual report	
	. )		<b>,</b>
For further information	n concerning this matter, pleas	e call:	
MABEL ROM	MANIUK	<sub>at (</sub> 305	893-2669
Name (	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	ertment 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)
	iling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	ahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Mabel Romaniuk & Associates PA

16889 Ne 123<sup>rd</sup> St North Miami Florida 33181 Phone (305)893-2669 Fax (305)891-3458 Mabelromaniuk@bellsouth.net

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION PO BOX 6327
TALLAHASSEE FL 32314

This is to acknowledge that we receive this return amendment on December 26, was stamp in the post office on the 18<sup>th</sup>, took a lot of time to process this document, we kindly request to keep December 6 as originally was effective the amendment. We appreciate your prompt respond to this matter and if you have any question please contact me at 305-893-2669.

Thank you Maket Romaniuk

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# ुर्भ अनुवारक अनुवार के अपने रेट अपने Articles of Amendment **Articles of Incorporation**

## **ROUTE INTERNACIONAL INC**

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

P12000095530

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable:	1966 NE 123RD ST APT 154
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	NORTH MIAMI FL 33181
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1966 NE 123RD ST APT 154
(Mailing dualess MATI BENTOST OFFICE BON)	NORTH MIAMI FL 33181
new registered agent and/or the new registered office addr	<u>ress:</u>
	<u></u>
new registered agent and/or the new registered office addr  Name of New Registered Agent	a street address)
Name of New Registered Agent  (Florida  New Registered Office Address:	a street address), Florida
Name of New Registered Agent  (Florida  New Registered Office Address:	a street address)

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	<u>PT</u>	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
1) Change			
Adđ		\	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			\
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)
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an amendment provides for an exci rovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	`

The date of each amendment(s)	adoption: 12/UD/12
	2/06/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 12/06	/12
Signature	(3)
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	RAUL JOSE FALCON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)