

P/3000042046

May 28, 2015 11:18 AM

Division of Corporations

No. 5241

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H15000127151 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : A & L CARRIER SERVICES INC.
Account Number : I20110000033
Phone : (786)360-2879
Fax Number : (786)362-5270

FILED
2015 MAY 28 AM 9:55
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@alcarrierservices.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HC CAR CARRIER CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

MAY 29 2015

A RAMSEY

May 28, 2015 11:18AM

5/28/2015 10:58:00 AM - PAGE 1/001 - No. 5241 or P. 1



May 28, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HC CAR CARRIER CORP
270 NW 107 AVE
APT 201
MIAMI, FL 33172

SUBJECT: HC CAR CARRIER CORP
REF: P13000042046

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new name needs to have a corporate suffix (see paragraph A). If you are not changing the name of the corporation please white out the words ARLIN CAPOTE DIAZ in paragraph A.

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

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H15000127151
Letter Number: 115A00011198

RECEIVED
15 MAY 28 AM 11:25
2015

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HC CAR CARRIER CORP

DOCUMENT NUMBER: P13000042046

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLIDER RODRIGUEZ

Name of Contact Person

HC CAR CARRIER CORP

Firm/ Company

270 NW 107 AVE APT 201

Address

MIAMI FL 33172

City/ State and Zip Code

INFO@ALCARRIERSERIVCES.COM

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

For further information concerning this matter, please call:

A & L CARRIER SERVICES INC at (786) 3602879

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

☐ \$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
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

May. 28. 2015 11:18AM

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Articles of Amendment
to
Articles of Incorporation
of

FILED

2015 MAY 28 AM 9:55

HC CAR CARRIER CORP

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

P13000042046

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

25920 SW 125 PL
HOMESTEAD FL 33032

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

25920 SW 125 PL
HOMESTEAD FL 33032

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ARLIN CAPOTE DIAZ

25920 SW 125 PL

(Florida street address)

New Registered Office Address: HOMESTEAD, Florida 33032
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	CLIDER RODRIGUEZ	270 NW 107 AVE APT 201
<input type="checkbox"/> Add			MIAMI FL 33172
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P	ARLIN CAPOTE DIAZ	25920 SW 125 PL
<input checked="" type="checkbox"/> Add			HOMESTEAD FL 33032
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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[illegible]

The date of each amendment(s) adoption: 05/27/2015, if other than the date this document was signed.

Effective date if applicable: 05/27/2015
(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 _____."
(voting group)

☐ 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 05/27/2015

Signature Clider Rodriguez
(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)

CLIDER RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)