P13000049416

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SECRETARY OF STAUL DIVISION OF CORPERATION

JUN 3 0 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRANSADUANC	A, C.A. CORP	
DOCUMENT NUMB	ER: P13000049416		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
	YOLANDA BONAVITA		
-		Name of Contact Persor	1
	GLOBAL PARCEL SERVIC	CES, CORP	
-		Firm/ Company	
	8020 NW 60TH STREET		
-		Address	
	MIAMI FLORIDA 33166		
-	***	City/ State and Zip Code	2
YOLA	ANDA@GPS-AIR.COM		
	_	sed for future annual report	notification)
		_	
For further information	concerning this matter, pleas	se call:	
YOLANDA BONAVI	TA	305	5944440
	f Contact Person	at (305	de & Daytime Telephone Number
rame o	1 Contact I cison	Alca Co	de & Dayinne Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JUN 22 PM 3: 53

TRANSADUANCA, C.A. CORP.

(Name o	f Corporation as curren	tly filed with the Floric	la Dept. of State)
P13000049416			
	(Document Number	of Corporation (if know	n)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or	"Co". A professional	incorporated" or the abbreviation
B. Enter new principal office address, if applicable:		8020 NW 60TH STREET,	
	(Principal office address MUST BE A STREET ADDRESS)		A 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8020 NW 60TH ST	rreet,
		MIAMI/ FLORIDA 33166	
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter	the name of the
new registered agent and/or the nev			
Name of New Registered Agent	CESAR MENESES		
	8020 NW 60TH STREE	T, MIAMI FL. 33166	· · · · · · · · · · · · · · · · · · ·
	(Florida s	street address)	·····
New Registered Office Address:	8020 NW 60TH STREE	Γ, MIAMI	, Florida 33166
		(City)	(Zip Code)
New Registered Agent's Signature, if classification in the Interest of the Agent's Signature, if classification in the Interest of the Interes			ligations of the position.
	Signature of New	Registered Agent, if cha	inging

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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	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) X Change	P	ESPINOZA ELIZABETH	8020 NW 60TH STREET,
Add			MIAMI FL, 33166
Remove			
2) X Change	vo	CARRION FREDYS	8020 NW 60TH STREET,
Add			MIAMI FL, 33166
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
'A	
	_
<u> </u>	
	
-	
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

N/A	ينايد يناتيا
The date of each amendment(s) adoption:	TADV (Renther than the
date this document was signed.	DIVISION OF CORPORATION
06/03/2015	DM 2:53
Effective date if applicable: (no more than 90 days after amendment f	ile date) \$5 JUN 22 PM 3: 53
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	,,
by	
■ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required.	id snarenoider
Dated 6-3-2015	
Signature	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
ESPINOZA ELIZABETH	
(Typed or printed name of person signing)	
PRESIDENT DE COME	, D
(Tive of person signing)	