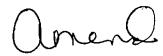
P/3000081109

	(Requestor's Name)						
	(Address)						
	(Address)						
	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
	(Business Entity Name)	-					
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
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Office Use Only



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~ COVER LETTER

Division of Corporations								
NAME OF CORPORATION: # 1 Van Lines IDC DOCUMENT NUMBER: P13000081109								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Transportation Pernuts. Name of Contact Person Kathy								
FirmLCdmpany								
7903 DW 1115								
Higlen FL 33015								
City/ State and Zip Code Kat Leon & bell South. net E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Kathy at 786, 253 8654								
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy (Additi								

TO: Amendment Section

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

is enclosed)

Articles of Amendment Articles of Incorporation FMED of APR 23 PM 4: 13 (Name of Corporation as currently filed with the Florida Deptx of State) FMED (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:

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

3824 1110 213 4

(Florida street address)

New Registered Office Address: Mani Gardons. Florida 33055 (City) (Zip Code)

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

(Principal office address <u>MUST BE A STREET ADDRESS</u>)

(Mailing address MAY BE A POST OFFICE BOX)

C. Enter new mailing address, if applicable:

I hereby accept the appointment at registered agent. [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 <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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jor	<u>1es</u>			
X Add	<u>sv</u>	Sally Sm	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change	ρ	_	Corne	Strum	J460pw.l Man FL	10st 33142
Remove	Ċ			- 1 0		_
2) Change Add	¥_	_	Danesh	na Lyl	3824 NU Mari SArd	
Remove 3) Change		_			330	
Remove						_
4) Change Add Remove						-
5) Change		_				_
Remove						_
6) Change			<u> </u>			-
Remove						



The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite 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 4312014	
Signature Signature Live Fr.	
(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)	
Daneshie L. augustin	<u>) </u>
(Typed or printed name of person signing)	
President	
(Title of person signing)	