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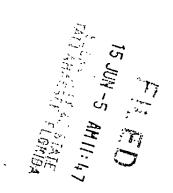
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	
NAME OF CORPORATION: EXPUSS BONCING AGENCY, INC.	:
DOCUMENT NUMBER: 1300088055	1
The enclosed Articles of Amendment and fee are submitted for filing.	, u
Please return all correspondence concerning this matter to the following:	-
Davren O. Peters	L
Name of Contact Person	
Oxpress Bonchy Agency In.	
950 (1) Intl. Spolury BVI.	
Address	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Savren Peters at 380 748. 4947	
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) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee 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

Articles of Amendment Articles of Incorporation (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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

Florida

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	PT John D	<u>oe</u>		
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>		
X Add	SV Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP 1	Yorthem Hebr	21/8V 950 W. Intl	Spauliny B
Add	·		2017 950 W. Intl Daytona Beh, Fe	301H
Remove				_
2) Change				
Add				_
Remove				
3) Change			_	_
Add				_
Remove				
4)Change				_
Add				_
Remove				_
5) Change				
Add				_
Remove				^
6) Change				
Add				_ _
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary)	(Be specific)			
	NIA			
	10105		· <u>-</u> ·-	
			· <u> </u>	
	_ 			
				
				<u> </u>
				
		- 		
				_ _
				<u></u>
f an amendment provides for an exch	a nce reclassification	or consellation of	ficened charge	
provisions for implementing the amer	idment if not contain	ed in the amendm	ent itself:	
(if not applicable, indicate N/A)				
NIA	· 			<u>_</u>
		<u> </u>		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 (1) (2015)	
Signature Signature	
(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)	
100000	
MOSKA PLTERS	
(Typed or printed name of person signing)	
TVECISIVEL.	·· ····
(Title of person signing)	