P3000094493

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ADVANCE	D TRANSPORT	SERVICE INC.
DOCUMENT NUMBER: P1300009469		
The enclosed <i>Articles of Amendment</i> and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
CATHERINE NA	VARRO	
ADVANCED TRA	Name of Contact Person	
P. O. BOX 67709	Firm/ Company	
ORLANDO, FLO	Address RIDA 32867	
ODEVE00500 A OL	·City/ State and Zip Code	
SREYES8593@AOL	COM sed for future annual report	notification)
For further information concerning this matter, please		•
CATHERINE NAVARRO	at (<u>407</u>	_, 802-4615
Name of Contact Person Enclosed is a check for the following amount made		de & Daytime Telephone Number
■ \$35 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	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



ADVANCED TRANSPORT SERVICE INC

(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P13000094693	·
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name; enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" (Corp., ""Inc., " or Co., " or the designation "Corp.," "Inc., " or "Coword "chartered," "professional association," or the abbreviation "	Co" A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1916 CENTRAL PARK AVE
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32807
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 addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
·	
(Florida stre	eet address)
New Registered Office Address: (City)	. Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Registered A	teent, 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: • X Change	<u>I</u> :	<u>T</u>	John Do	oe ·	
X Remove	7	<u>/</u>	Mike Jo	ones .	•
<u>X</u> Add	<u>s</u>	<u>sv</u>	Sally Sr	nith .	
Type of Action (Check One)	_	<u>Title</u>		Name	<u>Addres</u> s
1) Change	_	Р	<u>.</u>	CATHERINE NAVARRO	2205 N FORSYTH RD
Add					ORLANDO, FL 32807
Remove	·				
2) Change		P	_	RICARDO RIVERA	1916 CENTRAL PK AVE
✓_ ∧dd	•				ORLANDO, FL 32807
Remove					
3) Change	\ _	۷P	_	HARRY LOPEZ	1916 CENTRAL PK AVE
					ORLANDO, FL 32807
Remove				•	•
4) Change	_		_	· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
51 Change	٠.		_		
Remove					
6) Change	•		_		
Add					· · · · · · · · · · · · · · · · · · ·
Remove					

If amending or adding additional Articolombia (Attach additional sheets, if necessary).	(Be specific)	-
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•		
If an amendment provides for an exch	.amma maslassification o	n cancellation of issued shapes
provisions for implementing the ame	ndment if not contained	in the amendment itself:
(if not applicable, indicate N/A)		
		·
		•
		·
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	•	
	•	
		•
•	•	

The date of each amendment(s) a	doption: JUNE 1, 2014	if other than the
date this document was signed.		
Effective date <u>if applicable</u> : JU	NE 1, 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	•
by	(voting group)	
•	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated JUNE 6	5, 2014	
Signature Co	there havers	
(By a selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	CATHERINE NAVARRO	
	(Typed or printed name of person signing)	-
•	PRESIDENT	
•	(Title of person signing)	