P14000011840

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Address) | | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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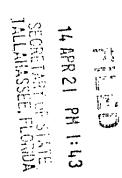
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APR 2 9 2014 C. CARROTHERS



COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR | ATION: | WHITE HOUSE EXPRES | SS INC | |
|--------------------------|--|--|--|--|
| DOCUMENT NUMB | ER: | P1400001184 | 0 | |
| The enclosed Articles of | of Amendment and fee | are submitted for filing. | | |
| Please return all corres | pondence concerning th | nis matter to the following: | | |
| · | | ALBA E VIVAR | | |
| | | Name of Contact Person | • | |
| | | , . | • | |
| | MIAMI DISPA | ATCH & CARRIER SERVICE | S | |
| | Firm/ Company | | | |
| 8040 NW 95TH ST STE 106 | | | | |
| | | Address | | |
| | | | | |
| | HIALE | AH GARDENS, FL 33016 | | |
| | | City/ State and Zip Code | -, -,, - | |
| | | | | |
| | E-mail address: (to be us | ed for future annual report notification |) | |
| For further information | n concerning this matter | , please call: | | |
| ALB | A E VIVAR | at (305 _) | 822-0255 | |
| | ontact Person | Area Code & Daytime | Telephone Number | |
| Enclosed is a check for | r the following amount | made payable to the Florida Dep | partment of State: | |
| ∑ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | Certified Copy (Additional copy is enclosed | Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Addre | | Street Address | | |
| Amendment Section | | Amendment Section | | |
| Division of Corporations | | Division of Corporations Clifton Building | | |
| P.O. Box 6327 | | Cinton building | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

cles of Incorporation of

| | 14 APR 21 OH . | |
|--|--|--|
| (Name of Corporation as currently filed with | | |
| | TALLABASSEE PLANE | |
| (Document Number of Corporat | tion (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation: | ntes, this Florida Profit Corporation adopts the following | |
| A. If amending name, enter the new name of the corporation | on: | |
| | The new | |
| name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Condition and association the word "chartered," "professional association and the word "corp." | poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation | |
| B. Enter new principal office address, if applicable: | 410 WINDERMERE DR | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | LEHIGH ACRES, FL 33972 | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 410 WINDERMERE DR | |
| | LEHIGH ACRES, FL 33972 | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | | |
| Name of New Registered Agent: | | |
| 410 WINDE | | |
| New Registered Office Address: (Flor | rida street address) | |
| LEHIGH ACI | RES Florida 33972 | |
| (City, | | |
| New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fam | niliar with and accept the obligations of the position. | |
| Signature of Nev | w 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|---|-------------------|
| <u>P</u> | YUSNEY PEREZ | 900 LEELAND HEIGHTS BLVD E LEHIGH ACRES, FL 33936 | ☐ Add ☑ Remove |
| <u>P</u> | YUSNEY PEREZ | 410 WINDERMERE DR LEHIGH ACRES, FL 33972 | ☑ Add □ Remove |
| | | | ☐ Add ☐ Remove |
| | g or adding additional Articles, enter of tional sheets, if necessary). (Be specific | | |
| | | | |
| provision | ndment provides for an exchange, recks of the second section of the second second section of the second sec | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | |
|-------------------------------|---|
| Effective date if applicable: | (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | s cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder |
| Dated_04/0 | 04/2014 |
| Signature _ | |
| sel | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | YUSNEY PEREZ |
| | (Typed or printed name of person signing) |
| | |
| | (Title of person signing) |
| | |

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