Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name

: A & L CARRIER SERVICES INC.

Account Number: I20110000033

Phone

: (786) 360-2879

Fax Number

: (786) 362-5270

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: OICSINC (DOC

COR AMND/RESTATE/CORRECT OR O/D RESIGN

FRANK & SHELLY CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

FO: Amendment Section Division of Corporations				
NAME OF CORPORATION; FRANK & SHELLY CORP				
DOCUMENT NUMBER: P14000024596				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
NIVALDO GONZALEZ POLO				
Name of Contact Person FRANK & SHELLY CORP				
Firm/ Company				
9320 W FLAGLER ST APT 210				
Address				
MIAMI FL 33174				
City/ State and Zip Code				
ALCSINC@AOL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
A & L CARRIER SERVICES INC at (786) 360-2879				
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 Certificate of Status Cartificate of Status (Additional copy is enclosed) Certificate of Status 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 of

•	
ar. 31. 2014 4:35PM MCI TREATMENT	No. 9843 P. 5
Articles of Amendm	ent tion
to Articles of Incorpora	tion
FRANK & SHELLY CORP	
(Name of Cornetation as currently filed with the Florida)	Dept. of State)
P14000024596	
(Document Number of Corporation (if known	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida its Articles of Incorporation:	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," "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation 1 professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	•
	
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 new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street addi	
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 with an	
Signafire of Neff Registered Agent,	if changing

Example:

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 little 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\bar{\Lambda}$	Mike Iones	
X Add	SY	Sally Smith	
Type of Acilon (Check One)	Title	Name	Vqqueza
1) Change	VP	YOLSISY HERNANDEZ	9320 W FLAGLER ST
Add		,	APT 210
Remove			MIAMI FL 33174
2) Change			
Add		·	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Add			
Remove			
6) Change			·
Add			·
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)
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(if not applicable, indicate N/A)		
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The date of each amendment(s) adoption: 03/31/2014	, if other than the
date this document was signed.	•
Effective date if applicable: 03/31/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	1)
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).	ent .
"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.	tir .
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/31/2014	
Signature Morall areals	
(By a director, prerylent of other officer — if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other coupappointed fiduciary by that fiduciary)	rt
NIVALDO GONZALEZ POLO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	