P14000028234

(R	Requestor's Name)
(A	Address)
A)	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:





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COVER LETTER

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	ATION:TRANSAIR, IN	C.		
DOCUMENT NUMB	P14000028234			
	of Amendment and fee are su	bmitted for filing.		
	pondence concerning this ma	-		
	F			
		RENE J. ROA		
		Name of Contact Persor	1	
		Firm/ Company	<u> </u>	
		11740 SW 180 ST		
•		Address		
		MIAMI, FL 33177		
•		City/ State and Zip Code	2	
	t:	ransairtravelagency@gmail	.com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
R	ENE J. ROA	at (282-2182	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 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)	
Ame	ling Address Indment Section	Amend	Address Iment Section	
	sion of Corporations Box 6327	Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IRANSAIR, INC.				
(Name	of Corporation as currently	filed with the Florida Dept. of State)		
P14000028234				
	(Document Number of	Corporation (if known)	,	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the followin	g amendment(s) t	
A. If amending name, enter the new na	ame of the corporation:			
ROA TRAVEL, INC.			The new	
	nation "Corp," "Inc," or "C	," "company," or "incorporated" or the a Co". A professional corporation name must P.A."	bbreviation	
B. Enter new principal office address,	if applicables	11740 SW 180 ST.		
(Principal office address MUST BE A S		MIAMI, FL.		
		33177		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			3	
D. If amending the registered agent ar	nd/or registered office addre	ess in Florida, enter the name of the	13 PH 2:	
new registered agent and/or the ne		no in the state of the	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	RENE J. ROA		€	
name of her hegistered rigem	11740 SW 180 ST. MIAMI	. FL. 33177	-	
	(Florida stre		-	
N B : 106 411	·	Planida		
New Registered Office Address:		, Florida	Code)	
	·			
New Registered Agent's Signature, if call hereby accept the appointment as registered.		ith and accept the obligations of the position.		
	Signature of New Re	egistered 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 Jo	nes		
X Add	<u>sv</u>	Sally Sn	n <u>ìth</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change				-	
Add					
Remove					
2) Change					
Add					
Remove					
3) Change				_	
Add					
Remove					
4) Change					
		_		-	
Add Remove				,	
Remove					
5) Change				•	<u></u>
Add					
Remove					AMARI SI Inni Silani
Character Character					
6) Change				•	
Add					
Remove					

	ling additional Artic heets, if necessary).	(Be specific)			
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rovisions for imp	provides for an exchaplementing the amer tible, indicate N/A)	ange, reclassificati ndment if not cont	ion, or cancellationained in the amen	on of issued shares. dment itself:	
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	JULY 09, 2015	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	JULY 09, 2015	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er
·	Y, 09, 2015	
Signature <	Rene J. Roa.	
(By	a director, president or other officer – if directors or officers have not been acted, by an incorporator – if in the hands of a receiver, trustee, or other courointed fiduciary by that fiduciary)	
	RENE J. ROA	
	(Typed or printed name of person signing)	All Process of the Pr
	PRESIDENT	
	(Title of person signing)	