## P1400003010>

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SECRETARISSEE, FLOREIGN

AUG 0 5 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** Transcorut Incorporated NAME OF CORPORATION: P14000030102 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Transcorts Inc.
Firm/ Company P.O. Box 1027 Address Avow Park F1 33825
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>863</u>) <u>257-0305</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **2**\$43.75 Filing Fee & ☐ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation of

FILED

Transcourt	INCORPORAT	ed 121.111 23 PM 2: 44	
(Name of Corporation as	currently filed with the Flor		
PILC	00030102	STIP THAT OF STATE	
	Number of Corporation (if k		
`	• `	orida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new name	me of the corporation:		
Transcorte	Tak ocossated	The name	
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	ttion "Corp," "Inc," or "Co	The new "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."	
B. Enter new principal office address, if applicable:		1105 W Pleasant St	
(Principal office address MUST BE A ST	REET ADDRESS)	AUON PARK FI 33825	
		7000 FAIR F1 33825	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 1027	
		AUDN PARK FI 33825	
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the name of the	
Name of New Registered Agent	N/A		
	۸۱/۵		
•	(Florida street	t address)	
V D	مالم		
New Registered Office Address:	(Citv)	, Florida (Zip Code)	
	(4-7/	(F)	
New Registered Agent's Signature, if ch		th and accept the obligations of the position.	
	nature of New Registered Acc		
Sion	nature of New Perietered Am	ant 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<del></del>	<i>N/A</i>	
Add			
Remove			
2) Change		<i>N/A</i>	
Add			
Remove			
3) Change	<del></del>	<u> </u>	
Add			
Remove			
4) Change	<del></del>	N/A	
Add			
Remove			
5) Change		N/A	
Add		·	
Remove			
6) Change		<i>N/A</i>	
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			

tach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	endment if not contained in the amendment itself:
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
rovisions for implementing the amo	endment if not contained in the amendment itself:
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ovisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 7/17/14	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
If he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ılder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/17/14	
Signature Rarles Miller	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other or	
appointed fiduciary by that fiduciary)	Juit
Charles LMCKibbon	
(Typed or printed name of person signing)	
Secretary (Title of person signing)	
(Title of person signing)	