## P14000060490

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

Division of Corporations			
NAME OF CORPORATION: AGE X TRANSPORT IN O.  DOCUMENT NUMBER: P140000 60490			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Eddie Aporte  Name of Contact Person			
Marie of Connect 2015011			
PD BOX 75492			
Tompa for 33675  City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Eddie Apute at (813) 370-6751  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:			
S35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Opy (Additional Copy is enclosed)  Certificate of Status  Certificate Of Status  Certificate Opy (Additional Copy is enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

## **Articles of Amendment**

Articles of Incorporation

of

HO EX IRUINS	PORT ANC CONTRACTOR OF AN
(Name of Corporation as currently filed with the Fl	Drida Dept. of State)  JALLAMASSE, FLORIDA
~ P   40000 600	190
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</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 "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PIVERVIEW FZ 33549
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) .	PD BOX 75492 TAMPA FL 33675
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  (Florida street)	Brito-Apante Uson chase De
New Registered Office Address: KIVENIEU (City)	Florida <u>33549</u> (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 Yew Registered a	

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 Doc 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	PT John Doe	
X:Remove	V Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add Remove	PT Amanda Aparle	10416 Hunters Havens Bh Kiverview Ft 33578
2) Change	PT Eddie Aponte	11547 Addison Chase De. 12 Nerview & 33579
Remove 3) Change Add Remove		
4) Change Add Remove	<u>.                                    </u>	
5) Change		
Remove  6) Change Add	·	
Remove		

E. If amending or adding additional Arti	cles, enter change	<u>(s) here</u> :		
(Attach additional sheets, if necessary).	(Be specific)		1	•
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. If an amendment provides for an exch	iange, reclassifica	tion, or cancell	lation of issued shares,	
<ol> <li>If an amendment provides for an exch provisions for implementing the ame</li> </ol>	ndment if not con	tained in the a	mendment itself:	
(if not applicable, indicate N/A)				
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describing to the second among ment (s) and	opnon;	, ii other than th
date this document was signed.	alialanul	
Effective date if applicable:	9/12/2014	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	•
The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	· .
Dated	9/12/2014	
Signature	dhe Oponte	<del></del>
selected,	ector, president of other officer if directors or officers have not been by an incorporator if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
_	EDDIE APONTE	<del>_</del> -
	(Typed or printed name of person signing)	
_	(Title of person signing)	
	(Time or person signing)	