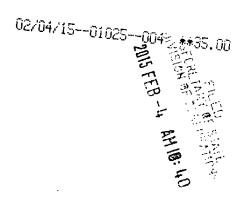
P140000004450

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cid	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Amena 115

COVER LETTER

TO: Amendment Section
Division of Corporations

DOCUMEN	CORPORATION: gws express inc T NUMBER: P14000064450	
The enclosed	Articles of Amendment and fee are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	GONZALO SOLANO	
	Name of Contact Person GWS EXPRESS INC	
	Firm/ Company 156 ALAMEDA DR	
	KISSIMMEE.FL.34743	
	City/ State and Zip Code	
	GWSEXPRESS@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

GONZALO SOLANO

 $_{\rm at}$ 321- $_{\rm 1}$ 200-4395

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

☐\$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)

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



GWS EXPRESS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document No	umber of Corporation	(if known)			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, th	is Florida Profit Corpor	ution adopts th	e following amen	lmer
A. If amending name, enter the new name	of the corporation:				
name must be distinguishable and contain	the word "cornora	tion " "company" or "	incorporated'	The	
"Corp., "Inc.," or Co.," or the designation word "chartered," "professional association.	n "Corp," "Inc," oi	r "Co". A professional			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		156 ALAI	MEDA	DR	
		KISSIME	E.FL3	743	
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		156 ALAI	MEDA	DR	
		KISSIMM	E.FL.	34743	
D. If amending the registered agent and/or	. Manistanus d'affice un	Idamo : Titavido antono			
new registered agent and/or the new re	ristered office addr	ess:	ne name of th	ī <u>ē</u>	
Name of New Registered Agent	ONZALO	SOLANO			
1	56 ALAME	DA DR			
		street address)			
New Registered Office Address: KISSIMEE			Florida 347	43	
	(Ci	(ty)	(2)	v Code)	
			•		

ture of New Registered Agent, if changing

address of each Office Attach additional she Please note the officer, P = President; V= Vil Executive Officer; CF held President, Treas Changes should be no a change, Mike Jones	er and/or I ets, if neces /director tit ce Presiden O = Chief urer, Direct ted in the fo leaves the c	Otrector being added: sary) le by the first letter of the office title: lt; T= Treasurer; S= Secretary; D= Directo Financial Officer. If an officer/director holor for would be PTD. bllowing manner. Currently John Doe is list	h officer/director being removed and title, name, and r; TR= Trustee; C = Chairman or Clerk; CEO = Chief Ids more than one title, list the first letter of each office ed as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Р	WILMA CASTELLANO	1080 S HOAGLAND BLVD
Add	,		LOT 175.KISSIMME.FL
Remove			34741
2) Change	<u>P</u>	GONZALO SOLANO	156 ALAMEDA DR
Add			KISSIMMEE.FL.34743
Remove			
Change			
Add			
Remove	•		
4) L Change			
Add		,	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

3. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	•
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
<u></u>	
	<u> </u>
	<u> </u>
. 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)	
	<u> </u>
	-
	

The date of each amendment(s) adoption: 1/19/2015	, if other than the
date this document was signed.	, it other than the
Effective date if applicable: 1/19/2015	
(no more than 90 days after amendment file dat)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arreby the shareholders was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	ng statement nt(s):
"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 action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action	
action was not required.	doraex
Dated //19/2015 Signature // Cest	
Signature Mil Cost	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator - if in the hands of a receiver, trustee, or	other court
appointed fiduciary by that fiduciary)	
Wilma Castellano	
(Typed or printed name of person signing)	
(Typed or printed name of person signing) President (Forener,) GWS (Title of person signing)	Express Fac.
(Title of person signing)	