P150000024126

(Requestor's Name)				
	(Address)			
<u> </u>	(Address)			
	(City/State/Zip/Phone #)	, ····		
PICK-UF	P WAIT	MAIL		
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				





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SECTOR AND SECTOR OF SIAIL STATES OF CORPORATION

AUG 2 5 2016

C LEWIS

COVER-LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: MB SMART TRA	NSPORT INC			
DOCUMENT NUMB	P15000024126				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
	DIE	EGO MOLINA			
_		Name of Contact Person	n		
	MB SMART TRANSPORT INC				
_	Firm/ Company				
	8275 SHADOW WOOD BLVD				
-		Address			
	CORAL SPRINGS, FL. 33071				
_	-	City/ State and Zip Cod	e		
		kika716@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
DIEGO MOLINA		954 at (479-9473		
Name of	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)		
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILEG SECRETARY OF STATE DIVISION OF CORPORATION:

MB SMART TRANSPORT, INC

(Name	of Corporation as currently	filed with the Flor	ida Dept. of State)	15 PM 3: 40
	P15000024126			
	(Document Number of	Corporation (if know	vn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this I	lorida Profit Corpo	ration adopts the following	ng amendment(s) to
A. If amending name, enter the new n	name of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associates	nation "Corp," "Inc," or "C	Co". A professional	"incorporated" or the a corporation name must	_The new abbreviation contain the
B. Enter new principal office address				
(Principal office address <u>MUST BE A S</u>	STREET_ADDRESS()	w <u> </u>		
C. Enter new mailing address, if appl	licable:			
(Mailing address MAY BE A POST				<u> </u>
				<u>.</u>
				·
D. If amending the registered agent a	n <u>d/or regi</u> stered office addre	ss in Florida, enter	the name of the	
new registered agent and/or the ne				
Name of New Registered Agent	JAMES PARRA			_
	8275 SHADOW WOOD BI	.VD	-	-
	(Florida stre	et address)		-
New Registered Office Address:	CORAL SPRINGS		Florida 33071	
	(City)		Code)
	·		(-7	
New Registered Agent's Signature, if c	hanging Registered Agent:		71 6.7	
I hereby accept the appointment as regis	terea agent. Tam Jamiliar wi	th and accept the ob	ligations of the position.	
	(/ anne.	Varia	 .	
	Signature of New Re	gistered Agent, if che	anging	-

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 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 Doe	
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	PT	JAMES PARRA	8275 SHADOW WOOD BLVD
XX Add			CORAL SPRINGS, FL. 33071
Remove			
2) Change	PST	DIEGO H MOLINA	19651 DINNER KEY DR
Add			BOCA RATON, FL 33498
X Remove			
3) Change	VP	FRANCISCO ARROYAVE	P O BOX 771358
Add			CORAL SPRINGS, FL. 33181
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove	•		
6) Change			
Add	·		
Remove			

	ding additional Arti heets, if necessary).	(Be specific)			
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	provides for an exch	ange, reclassificat	ion, or cancellatio ained in the amen	n of issued share dment itself:	<u>s,</u>
<u>provisions for imp</u>	ble, indicate N/A)	iament if not cont			
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• •	07/25/2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	(no more than 90 days after am	SECRETARY OF STATE AVISION OF CORPORATION
Note: If the date inserted in this I document's effective date on the De	plock does not meet the applicable statutory	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of vot officient for approval.	es cast for the amendment(s)
	proved by the shareholders through voting groeach voting group entitled to vote separately	
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
by	(voting group)	**
	(voting group)	
☐ The amendment(s) was/were ade action was not required.	opted by the board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder	action and shareholder
07/25/2016 Dated		
Signature	Quetto	
(By a d	irector, president or other officer – if directors d, by an incorporator – if in the hands of a rec ted fiduciary by that fiduciary)	
	DIEGO H. MOLINA	
	(Typed or printed name of person	signing)
	PST	
	(Title of person signing	g)

STATE OF FLORIDA

JULY 25, 2016

DIVISION OF CORPORATIONS

P O BOX 6327

TALLAHASEE, FL. 32314

REF:

MB SMART TRANSPORT INC

CAMBIO DE AGENTE

THE PURPOSE OF THIS LETTER IS TO INFORM WHAT NOT BE THE AGENT OF THE COMPANY MBS SMART TRANSPORT INC.

THANK YOU FOR YOUR ATTENTION.

DIEGO MOLINA