P15000338015

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EXPEDITED T	RANS LOGISTICS INC.					
DOCUMENT NUMBER: P15000038015						
The enclosed Articles of Amendment and fee are	submitted for filing.					
Please return all correspondence concerning this r	matter to the following:					
JOAQUIN FLORES						
	Name of Contact Person					
EXPEDITED TRANS LO	EXPEDITED TRANS LOGISTICS INC.					
	Firm/ Company					
1428 119th Street	,					
Address						
Whiting, IN 46394	•					
	City/ State and Zip Code					
jack.flores@expeditedtl.com						
	e used for future annual report notification)					
•	• .					
For further information concerning this matter, pl	lease call:					
JOAQUIN "JACK" FLORES	at (630 290-2229					
Name of Contact Person Area Code & Daytime Telephone						
Enclosed is a check for the following amount made	de payable to the Florida Department of State:					
\$35 Filing Fee \$Certificate of Status						
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 to Articles of Incorporation of

EXPEDITED TRANS LOGISTICS INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000038015 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: JOAQUIN FLORES Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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:	e, ana Du	ny omina, or us un ziuu.		
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	JERSSON VELASQUEZ	840 NW 144TH STREET	
Add			MIAMI, FL 33168	
Remove				
2) Change	P	JOAQUIN FLORES	1428 119TH STREET	
X Add			WHITING, IN 46394	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove		·		
6) Change				
Add		· ·		
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NEW OWNER JOAQUIN FLORES WILL HAVE 100% SHARES	
	
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F. 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)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
12/20/2016 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.))
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/20/2016	
DatedSignature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cour	+
appointed fiduciary by that fiduciary)	L
Sougum Flor	e5
(Typed or printed name of person signing)	
President	
(Title of person signing)	