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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : A & L CARR

; A & L CARRIER SERVICES INC.

Account Number : I20110000033

: (786)360-2879

Fax Number

: (786)362-5270

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Email Address: Info@alcarrierServices.com

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN C G JR CARRIER CORP

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A RAMSE

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## COVER LETTER

| Division of Corp                       |  | ,  |  |
|--|--|--|--|
| NAME OF CORPOR                         | RATION: C G JR CA                              | ARRIER CORP  |  |
|  | BER: P150000763                                |  |  |
| The enclosed Articles                  | of Amendment and fee are st                    | abmitted for filing.   |  |
| Please return all corre                | spondence concerning this ma                   | atter to the following:  |  |
|  | SANDRA X GAF                                   | RCIA   |  |
|  | •  | Name of Contact Perso  | n  |
|  | C G JR CARRIE                                  | R CORP   |  |
|  |  | Firm/ Company  |  |
|  | 711 forest club o                              | lr apt 404   |  |
|  |  | Address  |  |
|  | WELLINGTON,                                    | FL 33414   | •  |
|  |  | City/ State and Zip Cod  | e ·  |
| · INF                                  | O@ALCARRIEF                                    | RSERVICES CC   | NA   |
| 1141                                   | -  | sed for future annual report                                       |  |
|  | ·  |  | •  |
| For further information                | a concerning this matter, pleas                | se call:   |  |
| A & L CARR                             | IER SERVICES I                                 | NC <sub>at (</sub> 786   | 360-2879   |
| Name o                                 | of Contact Person                              | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for                | r the following amount made j                  | payable to the Florida Depa  | artment of State:  |
| ■ \$35 Filing Fee                      | ☐\$43.75 Filing Fee &<br>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) |
| <del></del>                            | ling Address                                   |  | Address  |
| Amendment Section                      |  | Amendment Section  |  |
| Division of Corporations P.O. Box 6327 |  | Division of Corporations Clifton Building                          |  |
| Tallahassee, FL 32314                  |  | 2661 E   | xecutive Center Circle   |
|  |  | Tallaha  | ssee, FL 32301   |

Feb. 22. 2016 8:37AM

, ,

Articles of Amendment Articles of Incorporation of

No. 0494 P. 4

16 FEB 22 PM IP: 55

## C G JR CARRIER CORP

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

P15000076358

mendinent(s) to

| (Досимен)  | Number of Corporation (if k            | iowa)                   |                          |
|--|--|-------------------------|--------------------------|
| rsuant to the provisions of section 607.10<br>Articles of Incorporation:   | 006, Florida Statutes, this <i>Flo</i> | rida Profit Corporation | adopts the following ame |
| . If amending name, enter the new nam  | e of the corporation:                  |                         |                          |
| tnie must be distinguishable and contai<br>Corp.," "Inc.," or Co.," or the designat<br>ord "chartered," "professional associatio | ion "Corp," "Inc," or "Co              | ". A professional corp  |                          |
| Enter new principal office address, if rincipal office address MUST BE A STR   |  |                         |                          |
|  | -<br>-                                 |                         |                          |
| Enter new mailing address, if applica (Mailing address MAY BE A POST OF  |  |                         |                          |
|  | <del></del>                            |                         |                          |
| If amending the registered agent and/o   | -                                      | in Florida, antou the n | and of the               |
| new registered agent and/or the new r  |  | m riorida, enter the n  | ame or the               |
| Name of New Registered Agent   |  |                         | _                        |
| Hante of Helf Registered Agent   |  |                         |                          |
| ·  | (Florida street a                      | ddress)                 |                          |
| New Registered Office Address:   | (Florida street a                      | ddress) , Floric        | da(Zip Code)             |

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.

| X Change                      | <u>PT</u>    | John Doe | 2              |                            |
|-------------------------------|--------------|----------|----------------|----------------------------|
| X Remove                      | <u>v</u>     | Mike Jon | ics            |                            |
| X Add                         | <u>sv</u>    | Sally Sm | <u>ith</u>     |                            |
| Type of Action<br>(Check One) | <u>Title</u> | ì        | Name           | <u>Addres</u> s            |
| I) Change                     | <u>V</u> P   |          | CARLYLE GARCIA | 711 forest club dr apt 404 |
| Add                           |              |          |                | WELLINGTON, FL 33414       |
| Remove                        |              |          |                |                            |
| 2) Change                     | <del></del>  | ·        |                |                            |
| Add                           |              |          |                | ***                        |
| Remove                        |              |          |                |                            |
| 3) Change                     |              |          |                |                            |
| Add                           |              |          |                |                            |
| Remove                        |              |          |                |                            |
|                               |              |          |                |                            |
| 4) Change                     |              |          |                | <del></del>                |
| Add                           |              |          |                |                            |
| Remove                        |              |          |                | •••                        |
| 5) Change                     | <del></del>  |          |                |                            |
| Add                           |              |          |                |                            |
| Remove                        |              |          |                |                            |
|                               |              |          |                |                            |
| 6) Change                     | -            |          |                |                            |
| Add                           |              |          |                |                            |
| Remove                        |              |          |                |                            |

| 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 MA) | (Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific)                |
|---|---|--|
| provisions for implementing the amendment if not contained in the amendment itself:   |   |  |
| provisions for implementing the amendment if not contained in the amendment itself:   |   |  |
| provisions for implementing the amending of if not contained in the amendment itself:   |   |  |
| provisions for implementing the amending of if not contained in the amendment itself:   |   |  |
| provisions for implementing the amendment if not contained in the amendment itself:   |   |  |
| provisions for implementing the amendment if not contained in the amendment itself:   |   | •  |
| provisions for implementing the amendment if not contained in the amendment itself:   | <del></del>                               |  |
| provisions for implementing the amendment if not contained in the amendment itself:   |   |  |
| provisions for implementing the amendment if not contained in the amendment itself:   | · · · · · · · · · · · · · · · · · · ·     |  |
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| provisions for implementing the amendment if not contained in the amendment itself:   |   |  |
| provisions for implementing the amendment if not contained in the amendment itself:   |   |  |
|   | f an amendment provides for an excha      | nge, reclassification, or ennecliation of issued shares, |
|   | provisions for Implementing the amend     | dinent if not contained in the amendment itself:         |
|   | provisions for Implementing the amend     | dingut if not contained in the amendment Itself:         |
|   | provisions for Implementing the amend     | dingut if not contained in the amendment Itself:         |
|   | provisions for Implementing the amend     | dingut if not contained in the amendment Itself:         |
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|   | provisions for implementing the amend     | dingut if not contained in the amendment itself:         |
|   | provisions for implementing the amend     | dingut if not contained in the amendment Itself:         |

| The date of each amendment(s) adoption: 02/16/2016   | , if other than the |
|--|---------------------|
| date this document was signed.   | - <del></del> -     |
| Effective date If applicable: 02/16/2016   |                     |
| (no more than 90 days after amendment file date)   |                     |
| 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):         |                     |
| "The number of votes east 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 shareholder action was not required.  |                     |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                     |
| Dated 02/16/2016   |                     |
| Signature Sandra X Garpia  | <del></del>         |
| (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 court appointed fiduciary by that fiduciary) | •                   |
| SANDRA X GARCIA  |                     |
| (Typed or printed name of person signing)  |                     |
| PRESIDENT  | •                   |
| (Title of nerson signing)  | <del>_</del>        |