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REGISTERED AGENT CHANGE ACARGO SOLUTION CORP

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Help



TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORATION: ACARGO SOLUTION CORP P15000083211 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DESIREE TORRES Name of Contact Person SICONT ENTERPRISES OF AMERICA INC Firm/ Company 13550 VILLAGE PARK DR. STE 255 Address ORLANDO FL 32837 City/ State and Zip Code SUNBIZ.SICONT@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DESIREE TORRES Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a cheek for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(1121000 1113553 3)

Articles of Amendment to Articles of Incorporation of

ACARGO SOLUTION CORP		
(Name of Corpor	ration as currently filed with the Florida Dep	t. of State)
P15000083211		
(Do:	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation as	lopts the following amendment(s) t
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional essociation," or the abt	ac." or "Co". A professional corneration a	The new or the abbreviation "Corp.," ame must contain the word
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A	ble:	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	
D. If amending the registered agent and/or registation new registered agent and/or the new registered Name of New Registered Agent	stered office address in Florida, enter the named office address:	
	(Florida street address)	 -
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent. Signature.	egistered Agent: I am familiar with and accept the obligations gnature of New Registered Agent, if changing	FILEI
	commo of them negativered Agent, if changing	
Check if applicable [I] The amendment(s) is/are being filed pursuant to s	s. 607.0120 (11) (e), F.S.	8: 46 3 TATE LORID/

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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Aćd	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Titie	Nanœ	<u>Addres</u> s
1)Change	VP,S	VARGAS, LUIMARY	14315 SWANLEY ST
Add			ORLANDO FL 32832
X Remove			1.00
2) X Change	P,VP,S	CASTILLO, ALEJANDRO, SR	14315 SWANLEY ST
Add			ORLANDO FL 32832
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

utach addition	adding additional As al sheets, if necessary)). (Be specific)	igets/ Here,			
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an amendme	nt provides for an exc	hange, reclassific	ation, or cane	ellation of issued	shares,	
<u>cavisions lor</u>	implementing the am icable, indicate N/A)	endment if not co	intained in the	amendment itse	if:	
						
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			· · · · · · · · · · · · · · · · · · ·		 -	

date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory. Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directe	ors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vo	tes cast for the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting grofor each voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for	r approval
by	(voting group)	,,
	(voting group)	
Dated	12/3/2021	
Signature	12/3/2021 Luimary Vargas	
sclo	director, president or other officer – if directors ted, by an incorporator – if in the hands of a recinted fiduciary by that fiduciary)	s or officers have not been seiver, trustee, or other court
	VARGAS LUIMARY	
	(Typed or printed name of person	signing)
	VP,S	
	(Title of person signing)	