P15000099723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2016 FEB -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 02 2016
C. CARROTHERS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2016

KENIA ACOSTA
MAS QUALITY SERVICES INC
7951 SW 40 ST STE 204
MIAMI, FL 33155

SUBJECT: MARLON TRUCKING SERVICES INC
Ref. Number: P15000099723

We have received your document for MARLON TRUCKING SERVICES INC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 816A00001017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Maalon Trucking Services Inc

DOCUMENT NUMBER: P15000099723.

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenia Acosta.
Name of Contact Person

Mas Quality Services Inc
Firm/ Company

7951 SW 40 ST ste 204.
Address

Miami FL 33155.
City/ State and Zip Code

masqualityservices@hotmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenia Acosta. at (305) 226-2555
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
to
Articles of Incorporation
of

Marlon Trucking Services Inc

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

P15000099723

(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:

The new 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 MUST BE A STREET ADDRESS)

10384 S Walnut ST
Middlesex NC 27557

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10384 S Walnut ST
Middlesex NC 27557

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TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent Yamile Romero

18145 NW 52 CT
(Florida street address)

New Registered Office Address: Miami Gardens, Florida 33055
(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

E. **If amending or adding additional Articles, enter change(s) here**:
(Attach *additional sheets, if necessary).* *(Be specific)*

Change physical address, mailing and registered office address.

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*)

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

F. <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:</u>
(*if not applicable, indicate N/A*)

e date of each amendment(s) adoption: 01/07/16, if other than the e this document was signed.

ffective date if applicable: 01/07/16.
(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 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 shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 01/07/16

Signature _____
(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)

Yamile Romero
(Typed or printed name of person signing)

Owner.
(Title of person signing)