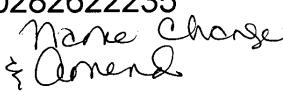
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(Requestor's Name)	,			
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(City/State/Zip/Phor	ne #)			
PICK-UP WAIT	MAIL			
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COVER LETTER

NAME OF CORPORATION: ACE TRANSPORT Enterprise To C

DOCUMENT NUMBER: P | 5 000 100 88)

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

Please return all correspondence concerning this matter to the following:

Heidy Rodniquey

Name of Contact Person

Calvier Service S

Firm/ Company

Soso NW TH Ave Swife 108

Address

City/ State and Zin Code

Wion Carrier Services D breard . con
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heiby Rodriques at (305) 3921035

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

□\$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

•	to Articles of Incorporation	And the second s	Property Control			
Acc Lana	c a a a b a a l a		Park History			
Mora of Company	STOM ENTE	Joseph of State	711 2: 51			
(Name of Corporation as currently filed with the Florida Dept. of State)						
	ument Number of Corporation (if k	TALLAHASSE	EFFLORINA.			
· ·	•	form.				
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Co.	rporation adopts the following amends	nent(s) to			
A. If amending name, enter the new name of the	corporation:					
ACE TYANS POR	th And Towin					
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Co". A professio					
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL			-			
			-			
			-			
C. Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)		-			
			-			
			_			
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						
*	(Florida street address)					
N D 1 100 111	,	P1:4-				
New Registered Office Address:	(City)	, Florida (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.						
,	J					
Si	gnature of New Registered Agent, i	if changing				
5.7		, , ,				

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)

Remove

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	David Bernal	261 De Castro Ave SE Palm Bay, Fl
Add Remove			Palm Bay, Fl 32909
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

- */	icles, enter change(s) here: (Be specific)
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	<u>、</u>	29	1010.	, if other than th
date this document was signed. Effective date if applicable:	2	79	2016.	
	than 90	days afte	r amendment file date)	
Note: If the date inserted in this block does not meet th document's effective date on the Department of State's rec		able statu	tory filing requirements, this c	date will not be listed as th
Adoption of Amendment(s) (CHECK ON	<u>E</u>)			
The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	ers. The	number o	f votes cast for the amendment	i(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group ent				nent
"The number of votes cast for the amendment(s)	was/were	sufficien	t for approval	
by(voting group)			**	
(voting group))			•
☐ The amendment(s) was/were adopted by the board of d action was not required.	irectors	without sh	archolder action and sharehold	der
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors with	out shareh	older action and shareholder	
Dated	29	201	\(\phi \) .	
Signature X				
(By a director, president or other			ectors or officers have not been a receiver, trustee, or other co	
appointed fiduciary by that fid		nangs or	a receiver, trustee, or other co-	uit
<u>An</u>	tui	20	Abreu. erson signing)	
(Typed or	printed n	ame of po	erson signing)	
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