# PLOOOOHIO

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Section Charles)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
<b>r</b>
Special Instructions to Filing Officer:

Office Use Only



300313275853

05/14/18--01044--015 \*#35.00



MAY 17 2018 T. LERNEUX A

### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Secured Transportation Inc DOCUMENT NUMBER: P16000004110 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Heidi Duarte Name of Contact Person INTX CARRIER SERVICES INC Firm/ Company 1719 W SLIGH AVE Address City! State and Zip Code hduarte@istarexpress.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call-Heidi Duarte 805-8572 \_\_) \_\_\_ 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: 🗴 535 Filing Fee □\$43.75 Filing Fee & □S43-75 Filing Fee & □S52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

### Articles of Amendment to Articles of Incorporation οſ

FILED

2018 HAY 14 P 3 24

## SECURED TRANSPORTATION INC

# SHORE TARY OF STUDY FATELIAHASSEE: FLOREDA (Name of Corporation as currently filed with the Florida Dept. of State) P16000004110

(Document Number of Corporation (if known)

amendment(s) to

ne must be distinguishable and contain the w	cord "corporation," 'company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation name mu-
wp. — me or Co., - or the designation. Co d "chartered," "professional association," or tl	
Enter new principal office address, if applicab	ble: 4418 N Hale Ave Apt 57
ncipal office address <u>MUST BE A STREET AI</u>	Tampa FL 33614
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	80X) 4418 N Hale Ave Apt 57
	Tampa FL 33614
	Tampa FL 33614
If amending the registered agent and/or regist new registered agent and/or the new registere	stered office address in Florida, enter the name of the
	stered office address in Florida, enter the name of the
new registered agent and/or the new registere	stered office address in Florida, enter the name of the
new registered agent and/or the new registere	stered office address in Florida, enter the name of the
iew registered agent and/or the new registere	stered office address in Florida, enter the name of the ed office address:

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 = ChiefExecutive 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 Doc, PT as a Change, Mike Jones, U as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>T4</u>	John Do	<u>e</u>		
X Remove	$\overline{\lambda}$	Mike Jos	nes		
X Add	<u>sv</u>	<u>Saliy Sm</u>	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
D Change		<del></del>		-	
Add					
Remove					
2) Change		_			
Add					
Remove					
3.) Change		<del></del>		_	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_		-	
Add				-	
Remove					
6) Change					
Add	-	<u> </u>		-	
				-	
Remove					

ttach additional sheets, if necessary).	(Be specific)			
	<del></del>			
•				
<u>-</u>				
	-			
		<del></del>		
				-
an amendment provides for an exc	hanna radassitication	ar anneallation a	ficened charac	
provisions for implementing the amo	endment if not contain	ed in the amendm	ent itself:	
(if not applicable, indicate N/A)				
		· · · · · · · · · · · · · · · · · · ·		
				_
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: _	05-09-2018	, if other than the
date this document was signed.		-
Effective date if applicable:		
r.nective date <u>ii appacatiie</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) ( $\underline{\mathbb{C}}$	HECK ONE)	
The amendment(s) was were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment approval.	s)
	he shareholders through voting groups. The following stateming group entitled to vote separately on the amendment(s):	eni
"The number of votes east for the am-	endment(s) was/were sufficient for approval	
by	."	
(v	oting group)	
☐ The amendment(s) was were adopted by the action was not required.	e board of directors without shareholder action and sharehold	er
☐ The amendment(s) was were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 05-09-2018		
Signature XX M		
	sident or other officer - if directors or officers have not been	<del></del>
	corporator – if in the hands of a receiver, trustee, or other coursy by that fiduciary)	rt
	Yudel Perez Dieguez	
	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	<del></del>

Page 4 of 4