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K. WHITE

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CRYTRANSPORT INC P16000027768 DOCUMENT NUMBER: The enclosed Please return a

The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	ter to the following:			
	ALBA E VIVAR				
-	Name of Contact Person				
	MIAMI DISPATCH & CARRIER SERVICES				
-	Firm/ Company				
	8040 NW 95TH ST STE 106				
-	Address				
	HIALEAH GARDENS, FL 33016				
•	City/ State and Zip Code				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ALBA E VIVAR		at (305	822-0255		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy		

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

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

16 APR II AHII: 12

	Articles of Incorporation of	16 APR 11 AH 11: 12
	C R Y TRANSPORT INC	orida Dept. of State 31 F FEBRA
(Name of Corp	oration as currently filed with the Flo	orida Dept. of State
	P16000027768	
(Ĭ	Ocument Number of Corporation (if kn	own)

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: 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." 1270 W 41 ST APT 106 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) HIALEAH, FL 33012 C. Enter new mailing address, if applicable: 1270 W 41 ST APT 106 (Mailing address MAY BE A POST OFFICE BOX) HIALEAH, FL 33012 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: RAFAEL B MUJICA Name of New Registered Agent 1270 W 41 ST APT 106 (Florida street address) HIALEAH . Florida New Registered Office Address: (City)

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

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	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	RAFAEL B MUJICA	1270 W 41 ST APT 106
Add	-		HIALEAH, FL 33012
Remove			
2) Change	_		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	- 14		
Add			
Remove			

ach additional sheets, if necessary).	(Be specific)
in amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
covisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ң поғаррисары, тассың МА)	
	· .

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 04/05/2016	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	1/
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	•
(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 04/05/2016 Signature Mayor D Wice	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – iffin the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
RAFAEL B MUJICA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	