P16000028617

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: C&C Interstate Ca	arrier. Inc		
DOCUMENT NUMI	P16000028617	-	<u> </u>	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	Cesar Jesus Caballero			
		Name of Contact Person	n	
	C&C Interstate Carrier. Inc			
		Firm/ Company		
	707 SE 24 Ave unit 1			
		Address		
	Cape Coral, Florida 33990			
		City/ State and Zip Cod	e	
ccca	rrier16@yahoo.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
Cesar J Caballero		239 at (834-7609	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:	
S35 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)	
	iling Address		Address	
	endment Section		Iment Section	
	ision of Corporations . Box 6327		on of Corporations a Building	
	ahassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



C&C INTERSTATE CARRIER. INC.

COO INTEROTATE CARRIER. IIVO			
(Name o	of Corporation as curren	ntly filed with the Florida Dept. of State)	23
P16000028617			
	(Document Number	of Corporation (if known)	24 1
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following	
A. If amending name, enter the new na	ame of the corporation:		
N/A			_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	tion," "company," or "incorporated" or the e ""Co". A professional corporation name must n "P.A."	thbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		707 SE 24 AVE UNIT 1	
		CAPE CORAL FL 33990	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		707 SE 24 AVE UNIT 1	
		CAPE CORAL FL 33990	
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office ad w registered office addre	ddress in Florida, enter the name of the	
Name of New Registered Agent	CESAR JESUS CABA		_
	(Florida	street address)	
New Registered Office Address:	707 SE 24 AVE UNIT 1 CAPE CORAL Florida 33		
		(City) (Zip	(Code)
New Registered Agent's Signature, if o			
I hereby accept the appointment as regis	tered agent. I am familia	ur with and accept the obligations of the position.	
	Sup Valsal	(000	_
	Signature of Nev	v 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	<u>v</u>	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) Change	Р	CINDY D GOMEZ	18529 SW 97TH PL
Add			CUTLER BAY FL 33157
X Remove			
2) Change	Р	CESAR J CABALLERO	707 SE 24 AVE UNIT 1
X Add			CAPE CORAL FL 33990
Remove			
3) Change			_
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	cles, enter change (Be specific)			
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The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendm ficient for approval.	ent(s)
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s):	tement
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	nted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholde	τ
(B≰aj#	rector, president or other officer - if directors or officers have not b	
	, by an incorporator - if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	court
	CESAR J CABALLERO	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	

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