P16000060914

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Degument Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: ALL Nation Transportation INC |
|--|
| DOCUMENT NUMBER: <u>P1600060914</u> |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| PENITY Warit Juldar Name of Contact Person |
| All Nation Transportation INC |
| 431 NW 36 th PL Address |
| Pompound Beach, FL 33064 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ash Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment lo Articles of Incorporation of

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

(Document Number of Corporation (if known)

ent(s) to

| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp" lnc.," or Co.," or the designation "Corp." "lnc," or "Co". A professional corporation name must contain the w "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) New Registered Office Address: (City) (Zip Code) | its Articles of Incorporation: A. If amending name, enter the new name of the corpo | |
|---|--|---|
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) New Registered Office Address: | "Inc.," or Co.," or the designation "Corp," "Inc," or | r "Co". A professional corporation name must contain the word |
| 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) New Registered Office Address: , Florida | | <u>ESS</u>) |
| New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: , Florida | C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| (Florida street address) New Registered Office Address:, Florida | D. If amending the registered agent and/or registered officeness registered agent and/or the new registered officence. | office address in Florida, enter the name of the ice address: |
| New Registered Office Address:, Florida | Name of New Registered Agent | |
| New Registered Office Address: , Florida (City) , Florida (Zip Code) | | (Florida street address) |
| (City) (Zip Code) | New Registered Office Address: | , Florida |
| | | (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. | | |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

| X Change | PT | John Doe | |
|----------------------------|-----------|---------------------|---------------------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | P | Ashley Marie Valder | 5510 Johnsonst Hollywood, FL 33021 |
| Remove 2) Change Add | <u>vp</u> | AshleyMant-Valder | 5510 Johnson st Hollywood FL 33021 |
| 3) Remove Change Add | P | Bondly Valdor | 121 NW 33 th PL Dompans Beach, A |
| Remove 4) Change Add | | | 32064 |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| Remove | | | |

| <u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i> | (Be specific) | | |
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| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | ange, reclassification, or condition or condition or contained in | ancellation of issued s the amendment itself | <u>hares,</u> E |
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| The date of each amendment(s) adoption: | _, if other than the |
|--|------------------------|
| Effective date if applicable: 2/28/22 (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 will a document's effective date on the Department of State's records. | |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required. | hareholder |
| ☐ 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): | 2022 SEP |
| "The number of votes cast for the amendment(s) was/were sufficient for approval by | |
| (voting group) | PH |
| Dated 8/26/12 | 다.(1) 106 14 (1) |
| 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) | _ |
| AShlfy Marie Valda (Typed or printed name of person signing) | |
| Pesident (Title of person signing) | |