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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : A & L CARRIER SERVICES INC.

Account Number : 120110000033 Phone

Fax Number

(CT 05 2017

: (786)360-2879 : (786)362-5270

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Info@alcarriorsorvices. (NM.

COR AMND/RESTATE/CORRECT OR O/D RESIGN JACOB SERVICE TRANSPORT INC

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COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPORATION: JACOB SERVICE TRANSPORT INC				
DOCUMENT NUM	BER: P1700002875) 9		
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	LAURA FERNAN	NDEZ GARC	IA	
		Name of Contact I		
	JACOB SERVIC	E TRANSPO	DRT INC	
Firm/ Company				
1921 SW 107AVE APT 507				
		Address		
	MIAMI FL 33165			
		City/ State and Zip	Code	
info	o@alcarrierservic			
	E-mail address: (to be us	ed for future annual r	eport notification)	
For further information concerning this matter, please call:				
A & L CARR	IER SERVICES I	#((360-2879	
Name	of Contact Person	Are	ea Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fcc & Certificate of Status	☐\$43.75 Filing Per Certified Copy (Additional copy enclosed)	Certificate of Status	
	ling Address	<u>S(</u>	reet Address	
Amendment Section			mendment Section	
Division of Corporations P.O. Box 6327			ivision of Corporations lifton Building	
Tallahassee, FL 32314			661 Executive Center Circle	

Tallahassee, FL 32301

No. 2056 P. 4/7
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PERIODE AND SECULOR OF THE LANDS OF TH

Articles of Amendment to Articles of Incorporation of

JACOB SERVICE TRANSPORT INC	·
(Name of Corporation as currently filed with the	Florida Dept. of State)
P17000028759	
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	571 NW 107 AVE
(Principal office address MUST BE A STREET ADDRESS)	APT 105
	MIAMI FL 33172
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	571 NW 107 AVE
	APT 105
	MIAMI FL 33172
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Plorida, enter the name of the
Name of New Registered Agent	
571 NW 107 A	VE APT 105
(Florida str. New Registered Office Address: MIAMI	reel address), Florida 33172 (Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature of changing Registered Agent I hereby accept the appointment at registered agent. I am familiar Signature of New Registered.	with and accept the obligations of the position.

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 Doc	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			571 NW 107 AVE
Add			APT 105
Remove			MIAMI FL 33172
2) Change			
Add			
Remove			
3) Change			
Add_			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Add			
Remove			

	. (Be specific)
	
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· · · · 	
su amendment provides for an exc	change, reclassification, or cancellation of issued shares,
rovisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption	_{n:} 10/04/17	, if other than the
date this document was signed.		·
Effective date if applicable: 10/04/17	7	
In application	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/vere sufficient for approval	
by	**	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated 10/4/17	<u> </u>	
Signature		
	president or other officer - if directors or officers have not been in incorporator - if in the hands of a receiver, trustee, or other court	
appointed fidu	iciary by that fiduciary)	
LAUI	RA FERNANDEZ GARCIA	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	_