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S. TALLENT DEC 0 8 2017

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: GIOS PALACE	E TRUCKING INC				
DOCUMENT NUMBER	: P17000050354					
The enclosed Articles of A	mendment and fee are sub	omitted for filing.				
Please return all correspon	dence concerning this mat	ter to the following:				
		GIOVANNY VIGOA				
	Name of Contact Person					
	GIO	OS PALACE TRUCKING	INC			
		Firm/ Company				
	4025 W WATER AVE STE 106					
	Address					
	TAMPA, FL 33614					
		City/ State and Zip Code	;			
		contact@cevtaxes.com	/			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information co	ncerning this matter, pleas	e call:				
GIOVANNY VIGOA		at (335-7964			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for th	e following amount made	payable to the Florida Depa	rtment of State:			
\$35 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)			
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				

Articles of Amendment to Articles of Incorporation of

GIOS PALACE TRUCKING INC

(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)		
•	P1700005	50354		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amend	iment(s) to	
A. If amending name, enter the new na	me of the corporation:			
GIOS TRAVEL INC		√The i	new	
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4025 W WATER AVE STE 106		
		TAMPA, FL 33614		
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4025 W WATER AVE STE 106	_ _ ===================================	
		TAMPA, FL 33614	, 🚎	
		THE		
			ية.	
D. If amending the registered agent an new registered agent and/or the new			2	
Name of New Registered Agent N/A			•	
	(Florida s	street address)		
New Registered Office Address:	N/A . Florida			
trew negistered Office fluoress.		(City) (Zip Code)	_	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	<u>nanging Registered Age</u> i tered agent. I am familia	nt: r with and accept the obligations of the position.		
	,			
	Signature of New	Registered Agent, if changing		
	Digital are of Nen	CONTROL ON CASOLINA IL DIMENSOLIS		

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		YENEY CUBA	1501 W KIRBY ST
X Add		_		TAMPA, FL 33604
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				-
Remove				
4) Change				
Add				Service TV Adv
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Pemove				

/A	
•	
•	****
	
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If an amandment provides for an eve	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
//A	
	· · · · · · · · · · · · · · · · · · ·

•	12/01/2017		•
The date of each amendment(s) acd date this document was signed.	loption:		, if other than the
12/0	01/2017		
Effective date <u>if applicable</u> :	(no more than 90	: 0 days after amendment file date)	- 1011111111111111111111111111111111111
Note: If the date inserted in this be document's effective date on the De		able statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were add by the shareholders was/were su		number of votes cast for the amendment(s)	
		ough voting groups. The following statement vote separately on the amendment(s):	
	for the amendment(s) was/wer	• •	
by	(voting group)	"	
	(voting group)		
		without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators with	nout shareholder action and shareholder	
12/01/201' Dated	7		
	C /X		
Signature			
(By a c		cer – if directors or officers have not been e hands of a receiver, trustee, or other court	
	GIOV	ANNY VIGOA	
	(Typed or printed	name of person signing)	
	PRE	ESIDENT	
	(Title	of person signing)	·