## P18000010542

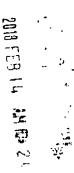
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Nar	ne)
(Do	ocument Number)	
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FEB 1 5 2018 C. MICHAIR

## **COVER LETTER**

		COVER LETTER		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TO: Amendment Sec Division of Corp				4,63
NAME OF CORPO	RATION: DOCE TRANSPO	DRT, INC		
DOCUMENT NUM	BER: P18000010542			43
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	FATOS DOCE			
		Name of Contact Person	li .	
	DOCE TRANSPORT, INC			
	10985 PINE ACRES RD	Firm/ Company		
		Address		
	JACKSONVILLE, FL, 3225			
		City/ State and Zip Cod	ů.	
kejdi	_doce@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
FATOS DOCE		904 at (	422-4674	
Name	of Contact Person	· · · · · · · · · · · · · · · · · · ·	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Recutive Center Circle	

Taliahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



DOCE TRANSPORT, INC

( <u>Name o</u>	of Corporation as currently	filed with the Florida Dept. of State)	رح
P18000010542			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amo	endment(s) to
A. If amending name, enter the new na	me of the corporation:		
	ation "Corp," "Inc," or "C	The company, or "incorporated" or the abbrev co". A professional corporation name must conta 2.4."	viation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an		ess in Florida, enter the name of the	
new registered agent and/or the nev			
Name of New Registered Agent	FATOS DOCE		
	10985 PINE ACRES RD		
	Ælorida stre	et address)	
New Registered Office Address:	JACKSONVILLE	Florida 32257	
	(	City) (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ith 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEO	KEJDI DOCE	10985 PINE ACRES RD
Add X Remove		- -	JACKSONVILLE, FL. 32257
2) Change			
Add Remove		- -	
3 ) Change			
Add			
4) Change			
Add Remove			
5)Change			
Add Remove			
6) Change			
Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE VI: KEJDI DOCE TO BE REMOVED AS INCORPORATOR AND FATOS DOCE TO BE RECOGNIZED AS
THE SOLE INCORPORATOR.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

	02/12/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	2/12/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	nt file date)
	(no more man 20 days after amerans.	m file utile;
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing r Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast sufficient for approval.	for the amendment(s)
	pproved by the shareholders through voting groups. It or each voting group entitled to vote separately on the	· · · · · · · · · · · · · · · · · · ·
"The number of votes ca	st for the amendment(s) was/were sufficient for approv	ral
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder a	ction and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action	and shareholder
02/12/20 Dated	18	
Signature	Quel)	
selec	director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, the tinted fiduciary by that fiduciary)	
	FATOS DOCE	
	(Typed or printed name of person signing	<u>a</u> )
	PRESIDENT	
	(Title of person signing)	