P18000050800

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COVER LETTER

FILED RETARY OF STATE TO SIGN OF CORPORATIONS

TO: Amendment Section Division of Corporations

19 NOV 25 PM 4: 02

NAME OF CORPO	ORATION: Warrens Transpo	rt	
	IBER: P18000050800		
The enclosed Article	s of Amendment and fee are s	ubmitted for filing,	
Please return all corr	espondence concerning this m	atter to the following:	
	Christopher Warren		
		Name of Contact Perso	on
		Firm/ Company	
	406 Wildflower Rd		
	Davenport, FL 33837	Address	
		City/ State and Zip Coc	le
warre	enstransport2018@gmail.com		
		sed for future annual report	notification)
For further informatic	n concerning this matter, plea	se call:	
Christopher Warren		at (777-1263
Name	of Contact Person	Area Co	de & Daytime Telephone Number
inclosed is a check fo	r the following amount made	payable to the Florida Dep.	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce	Address Iment Section In of Corporations In the corporations In Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ILED # CHITARY OF STATE CIVISION OF CORPORATIONS

19 NOV 25 PM 4: 02

Warren's Transport INC		13 110 € 23 111 4: 02
(Name of Corpora P18000050800	tion as currently filed with the Flor	rida Dept. of State)
	ument Number of Corporation (if kno	
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	•	•
A. If amending name, enter the new name of the	corporation:	
name must he distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A professional corpo	The new porated" or the abbreviation "Corp.," pration name must contain the word
B. <u>Enter new principal office address, if applicab</u> Principal office address <u>MUST BE A STREET AD</u>	le: ODRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)	
). If amending the registered agent and/or registence new registered agent and/or the new registered	ered office address in Florida, enter	r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(0)	, Florida
	(Ciţv)	(Lip Code)
iew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the of	bligations of the position.
Sien	acture of New Registered Avent if ch	anaina

If amanding 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 now 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	Name	<u>Addres</u> s
1) Change	D	Deontia Tibbs	4501 Clewis Ave
X Add			Tampa, FL 33610
Remove			
2) Change	D	Crable Warren	4501 Clewis Ave
X Add			Tampa, FL 33610
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or adding (Attach additional shee	additions of the second	nal Articles, enter change(s) here: essary). (Be specific)	

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(if not applicable, indicate N/A)	ment if not contained in the amendment itself:	
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		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
	Page 3 of 4	
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a data of each amond months and a		10.
e date of each amendment(s) adoption: _ c this document was signed.		, if other than
-		
ective date <u>if applicable</u> :		
ective date <u>il applicable</u> ;		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHE	CK ONE)
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	archolders. The number of votes east for the amendment(s) proval.
The amendment(s) was/were approved by the s must be separately provided for each voting gr	hareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	nent(s) was/were sufficient for approval
by	
(voting	group)
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incaetion was not required.	orporators without shareholder action and shareholder
Dated	
Signature	
(By a director, preside selected, by an incorp- appointed fiduciary by	or other officer - if directors or officers have not been orator - if in the hands of a receiver, trustee, or other court that fiduciary)
Christia	ped or printed name of person signing)
(Title of person	lat
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