

equestor's Name)	
ddress)	
ddress)	
ity/State/Zip/Phone	#)
☐ WAIT	MAIL
usiness Entity Nam	e)
ocument Number)	
Certificates	of Status
Filing Officer:	
	ddress) ty/State/Zip/Phone WAIT usiness Entity Name ocument Number) Certificates





900317292069

08/20/18--01013--005 **85.00

And R. WHITE

R. WHITE: AUG 22 2013 SECRETARY OF SIATE

FILED

COVER LETTER

TO: Amendment Section Division of Corporations Ž,

Tallahassee, FL 32314

NAME OF CORPORA	ATION: UFOS TRANS CO	DRP	
DOCUMENT NUMBI	ER:		
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
T	ATYANA POLANSKY		
_		Name of Contact Person	
_		Firm/ Company	
4	873 PALM COAST PKW)	/ NW U4	
_		Address	
F	PALM COAST FL 32137		_
-		City/ State and Zip Code	
PROM	1PTTAX@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
TATYANA		at (<u>386</u>	de & Daytime Telephone Number
Name o	f Contact Person	Area Code & Daytime Telephone Num	
Enclosed is a check for	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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UFOS TRANS CORP

(Name of Corporation as currently filed with the Florida Dept. of State) ARY OF STATE P18000060489 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "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: (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.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	POLANSK, TATYANA	3405 STEEL RAIL DR
Add			BUNNELL, FL 32110
X Remove			
2) Change	Р	OLEG GRESKO	3405 STEEL RAIL DR
X Add			BUNNELL, FL 32110
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change (Be specific)				
		<u>-</u>			
	·				
	 	<u></u>		 	
				· ·	
	<u></u>	<u>-</u> .			
	 ;				
				-	
f an amendment provides for an exc	hange reclassifica	tion or cancella	tion of issued s	hares.	
provisions for implementing the amo	endment if not cor	tained in the am	endment itself:		
(if not applicable, indicate N/A)					

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this cartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendmen ficient for approval.	t(s)
☐ The amendment(s) was/were appromust be separately provided for a	oved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were adoraction was not required.	sted by the incorporators without shareholder action and shareholder	
Dated 8	16/18	
	Tite 1. Dala	
Signature	rector, president or other officer - if directors or officers have not bee	<u></u>
selective selective	by an incorporator – if in the hands of a receiver, trustee, or other co	ourt
appoint	ed fiduciary by that fiduciary)	
	TATYANA Polans	K
	(Typed or printed name of person signing)	
	Accountant	
	(Title of person signing)	