

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000153645 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INTERSTATE CARRIER SERVICE CORP

Account Number : 120160000043 : (786)346-6290 Phone : (305)500-6979 Pax Number

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN JMS PONCE DE LEON TRANSPORT CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

11AY 1 0 2019

TO: Amendment Section

## COVER LETTER

Division of Corpor	rations		
NAME OF CORPOR	ATION: JMS PONCE DE LE	EON TRANSPORT CORP	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMB	ER: P19000031158		<del></del>
	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
,	JUAN M SALVADOR		
•		Name of Contact Person	
	JMS PONCE DE LEON TRA	NSPORT CORP	
•		Firm/ Company	
	6829 SW 21 ST		
		Address	
	MIAMI FL 33155		
	·	City/ State and Zip Code	,
INTE	RSTATECARRIERSERVICI	E@YAHOO.COM	
		ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
LOURDES GARCIA		at ( 786	3466290 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depu	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<b>51a</b>	iling Address		Address
Ām	endment Section		lment Section
	ision of Corporations		on of Corporations a Building
	Dox 6327 lahassec, FL 32314		Executive Center Circle
נים נ	IGNESSEE' FRANCE.	· · · · · ·	

Tallahassee, FL 32301

To: Page 4 of 7

2019-05-09 17.26.50 (GMT) 13055036979 From: INTERSTATE CARRIER SERVICE

FILED

Articles of Amendment to Articles of Incorporation of

2019 MAY -9 AM 9: 55

JMS PONCE DE LEON TRANSPORT CORP	10. 1. 1. 1. S.E.F.I
(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000031158	
(Documer	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	eration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation  "Inc," or "Co". A professional corporation name must contain the  breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	( 223
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	d office address in Florida, enter the name of the fiftee address;
Name of New Registered Agent	
	(Floridu sweet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	i <mark>tered Agent:</mark> an: familiar with and accept the obligations of the position.
Signa	ture 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.

X Change	<u>PT</u>	John Doc		
X Remove	$\underline{\mathbf{y}}$	Mike Jenes		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	P	FERNANDA DOMINGUEZ	6829 SW 21 ST	
X Add			MIAMI FL 33155	
Remove				-
2) X Change	VP	JUAN M SALVADOR	6829 SW 21 ST	
Add			MIAMI FL 33155	
Remove				-
3 ) Change				-
Add			· · · · · · · · · · · · · · · · · · ·	-
Remove				
4) Change				-
Add				
Remove				
5) Change				_
Add				
Remove				
6) Change				-
Add				-
Remove				

CLOSED MARKETONIST !	ding additional Arthurs, if necessary).	(Be specific)				
ttton Hamming.	meets, if necessia. is.	(4) is of condition				
-	•					
		<del></del>				
	<del></del>				· · · · · · · · · · · · · · · · · · ·	
				<del>_</del>		
		<del></del>		•		
	<del>-</del>				<del></del>	
					<del></del>	
an amendment	provides for an exc	<u>change, reclassifi</u>	cation, or cancell	ation of issued sh	iares,	
	nplementing the arr	nendment if not c	ontained in the a	mendment itself:		
provisions for ir	uble, indicate N/A)					
if not applic)						
if not applic						
(if not applic						<del></del>
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						
(if not applic						

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no mure than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements spartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amerafficient for approval.	ndmem(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	statemen! (s):
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sh	archolder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareh	old <del>e</del> r
05/09/201 Dated Signature		
(By a select	director, president or other officer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or outed fiduciary by that fiduciary)	iot been ther court
	JUAN M SALVADOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	