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SECRETARY OF STATE

Jame Chang

APR 2 6 2023 D CUSHIPAG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Nex Transportation, Inc. DOCUMENT NUMBER: P22000092383	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person Nex Transportation, Inc. Firm/ Company 870 Walkers Grove Lane Address Winter Garden FL 34787 City/ State and Zip Code Kimaboyce @ yahov.com E-mail address: (to be used for future annual report notification)	choys }
For further information concerning this matter, please call:	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Nex Transportation	n.Inc			
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)		
P22000092383)			
	of Corporation (if known)		-	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporati	ion adopts the followi	ng amen	dment(s) to
A. If amending name, enter the new name of the corporation:				
All Systems Installa	tion Next	Inc.	The	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorpore A professional corporate	ated" or the abbreviat	ion "Cor iin the v	rp.," word
B. Enter new principal office address, if applicable:	NA	4.5		_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			023	_
		; rr	#E8	1.1
	-		<u>∾</u>	STREAMS HEATER
C. Enter new mailing address, if applicable:	. (A	유 성도	_0	177
(Mailing address MAY BE A POST OFFICE BOX)			<u>ား</u> ယ	
	_	7176	_ <u>:</u> _	
		Ls.l	<u> </u>	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter th	e name of the		
new registered agent and/or the new registered office addre				
Name of New Registered Agent	Δ		_	
(Florida s	treet address)		 -	
New Registered Office Address:	f	, Florida		
	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	n <u>t:</u> with and accept the oblig	ations of the position		
NA	Registered Agent, if chang		_	
Signature of New	Registered Agent, if chang	ging		
Ch - 1-16 11 11-				

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			····
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F., If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
(the spray of the
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)
(NA)

• •

	loption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the am fficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Dated2	110/2023 Kim Boyne	
Signature	Vin Boure	
	rector, president or other officer – if directors or officers have	not been
	1, by an incorporator – if in the hands of a receiver, trustee, or	other court
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	