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Amend

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jupiter School Bus Service Inc.					
DOCUMENT NUMBER: <u>P9700051552</u>					
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.			
Please return all correspon	ndence concerning this ma	tter to the following:			
_	Sherri Co	MNIZZG TO Name of Contact Person	1		
J	upiter Schoo	Bus Servi	ce Inc.		
		lace North			
<del></del>	Loxahatche	E Florida City/ State and Zip Cod	33470		
		© Bellsouth sed for future annual report			
For further information concerning this matter, please call:					
	annizzaro Contact Person	at (_561at Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
		e	A.11		

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Juniter School Bus S	eruce Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P9700005155	ja	818 FB
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	Florida Profit Corporation adopts the fo	, ,
		The Saw
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	16178 91st Place Loxahatchee Flo	North orida
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33470 16178 91St Place Loxahatchee Fla 334	orida_
New Registered Office Address: Loxabatch	Place North	33470 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the post	sition.

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 Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>]</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>		Richard. D. Strome	16211 BOth Way North
Add Remove				Jupiter, Florida 33478
2) Change Add	P		Sherri Cannizzaro	16178 91St Place North Loxahatchee Florida
Remove 3 ) Change Add			······································	33470
Remove 4) Change Add Remove				
5) Change Add Remove			· · · · · · · · · · · · · · · · · · ·	
6) Change Add Remove				

	(Be specific)		
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	ange, reclassification, or c	the amendment itself:	nares,
provisions for implementing the ame	iament il not contained in		
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	00	
Effective date if applicable:	March 7,2018	
	(no more than 90 days after amendment file	e date)
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ements, this 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	oted by the shareholders. The number of votes east for the ficient for approval.	ne amendment(s)
☐ The amendment(s) was/were appropriately provided for a	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amen	llowing statement ndment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action	
action was not required.	pted by the incorporators without shareholder action and	snarenoider
Dated3	7-18	
Signature 5W	eri Carrinas	
(By a di selected	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	a <i>r</i> 0
	(Typed or printed name of person signing)	
_	President.	
	(Title of person signing)	