P99000032311

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14 MAR 13 PH 2: 40 SECRETARY OF SULTE TALLAHASSEE, FLORIDA

MAR 13 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: J.C. ARVER SCHOOL BUS TRANSPORTATION INC P99000032311 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARMEN ARVER Name of Contact Person J.C. ARVER SCHOOL BUS TRANSPORTATION INC Firm/ Company 5901 west 10 ave Address HIALEAH, FL 33012 City/ State and Zip Code jc.arvertransport@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARMEN ARVER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

■ \$35 Filing Fee

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment to

Articles of Incorporation of



J.C. Arver Sch	and Bus Tran	isportation!	VC14 MAR 13	PM 2: LO
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)		111 2.40
P99000	115650		SECRETARY C TALLAHASSEE	FLODIDA
(Documen	t Number of Corporation (if kr	iown)		LUMUA
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation a	adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Co tion," or the abbreviation "P.A	". A professional corpor	porated" or the ab ration name must c	breviation
B. Enter new principal office address, i (Principal office address MUST BE A ST			· · · · · · · · · · · · · · · · · · ·	
(Trincipal office dadress MOST BEAST	IKLEI ADDKLSS)			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST C				
D. If amending the registered agent an	d/or registered office address	s in Florida, enter the na	me of the	
new registered agent and/or the new	v registered office address: CARMEN ARVER	8		
Name of New Registered Agent	5901 west 10 ave		_	
	(Florida street		_	
New Registered Office Address:	HIALEAH		_a 33012	
Hen hegistereu Omeo Hauress,	(City)		(Zip Code)	•
New Registered Agent's Signature, if cl	hanging Registered Agent: ered agent. I am familiar with gnature of New Registered Age	e Jac	ons of the position. —	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PD	CARMEN ARVER	5901 west 10 ave
Add			HIALEAH FL 33012
Remove			
2) Change	PD	AMARILIS BAEZ	5901 WEST 10 AVE
Add			HIALEAH FL 33012
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	-nament is not contained in the amendment users.
	<u> </u>

The date of each amendment(s) adoption: JAN 1 2014		, if other than th
date this document was signed.		
Effective date if applicable:	JAN 1 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated MAF	RCH 10 2014	
Signature	Tour aux	
se	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court epointed fiduciary by that fiduciary)	
	CARMEN ARVER	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_

