

720678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

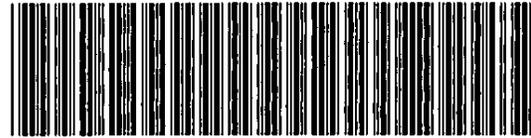
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100298811081

05/15/17--01039--001 **35.00

S. TALLENT
MAY 23 2017

Amend

FILED
17 MAY 15 PM 1:29
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Colony House, Inc

DOCUMENT NUMBER: 720678

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Borre
(Name of Contact Person)

Suite Management Corp
(Firm/ Company)

1250 S SR15A, Suite 8
(Address)

Deland, Fl 32720
(City/ State and Zip Code)

julie@sitemgmt.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Borre at 877 435.2226
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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
of

New Colony House, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

720678

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable;

(Principal office address MUST BE A STREET ADDRESS)

500 S Beach St

Daytona Beach, Fl 32114

C. Enter new mailing address, if applicable;

(Mailing address MAY BE A POST OFFICE BOX)

1250 S SR15A, Suite 8

Deland, Fl 32720

17 MAY 15 PM 4:29
TALLAHASSEE, FLORIDA

FILED

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: Suite Management Corp ✓

1250 S SR15A, Suite 8
(Florida street address)

New Registered Office Address:

Deland, Florida 32720
(City) (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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Mike J Harris</u>	<u>1250 S SR15A, Suite 8</u> <u>Deland, Fl 32720</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Colleen Miles</u>	<u>1250 S SR15A, Suite 8</u> <u>Deland, Fl 32720</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Maureen Digiorgio</u>	<u>1250 S SR15A, Suite 8</u> <u>Deland, Fl 32720</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Lydia Santiago</u>	<u>1250 S SR15A, Suite 8</u> <u>Deland, Fl 32720</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Maria Lanier</u>	<u>1250 S SR15A, Suite 8</u> <u>Deland, FL 32720</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Scott McEver</u>	<u>430 Country Circle DR East</u> <u>Port Orange, Fl 32128</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

W/A

05/10/2017

The date of each amendment(s) adoption: _____, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 05/11/2017 _____

Signature Colleen Miles

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

COLLEEN MILES
(Typed or printed name of person signing)

VICE PRESIDENT
(Title of person signing)

P 16 000000 6323

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.

(((H17000134928 3)))



H170001349283ABC2

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

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : LAXMY'S CARRIER SERVICES
Account Number : 120040000007
Phone : (305) 640-0281
Fax Number : (305) 640-0282

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 MAY 22 AM 8:44

FILED

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

Email Address: laxmy@2001@yakov.com

S. TALLENT
MAY 23 2017

COR AMND/RESTATE/CORRECT OR O/D RESIGN
JMS TRUCKING EXP CORP.

RECEIVED

17 MAY 22 PM 3:09

Certificate of Status		0
Certified Copy		0
Page Count		01
Estimated Charge		\$35.00

Amend

05/22/2017 2:31 PM FAX
850-517-6381

7868596367

LAXMY

0001/0007

5/19/2017 9:04:42 AM PAGE 1/001 Fax Server



May 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JMS TRUCKING EXP CORP.
452 SE 9TH CT
HIALEAH, FL 33010US

SUBJECT: JMS TRUCKING EXP CORP.
REF: P16000006323

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

THE IMAGE IS STILL ILLEGIBLE. THERE ARE MANY LINES RUNNING DOWN THE DOCUMENT ON EVERY PAGE. YOU MAY WANT TO USE ANOTHER FAX MACHINE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: E17000134928
Letter Number: 817A00010067

05/22/2017 2:34 PM FAX 850-617-6381

7868596387

LAXMY

0001/0007

5/19/2017 9:04:42 AM PAGE 1/001 Fax Server



May 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JMS TRUCKING EXP CORP.
452 SE 9TH CT
HIALEAH, FL 33010US

SUBJECT: JMS TRUCKING EXP CORP.
REF: P16000006323

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

THE IMAGE IS STILL ILLEGIBLE. THERE ARE MANY LINES RUNNING DOWN THE DOCUMENT ON EVERY PAGE. YOU MAY WANT TO USE ANOTHER FAX MACHINE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H17000134928
Letter Number: 817A00010067

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JMS TRUCKING EXP CORP

DOCUMENT NUMBER: P1600006323

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS M SEGURA

Name of Contact Person

JMS TRUCKING EXP CORP

Firm/ Company

452 SE 9TH CT

Address

HIALEAH, FL 33010

City/ State and Zip Code

luxmnc2001@yahoo.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON

at (305) 640-0281

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

\$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)

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
of
JMS TRUCKING EXP CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P1600006323

(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:

The new 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)

9915 W OKEECHOBEE RD APT 5306

HIALEAH GARDENS, FL 33016

C. Enter new mailing address, if applicable;
(Mailing address MAY BE A POST OFFICE BOX)

9915 W OKEECHOBEE RD APT 5306

HIALEAH GARDENS, FL 33016

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

9915 W OKEECHOBEE RD APT 5306

(Florida street address)

New Registered Office Address:

HIALEAH GARDENS

Florida 33016

(City)

(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

17 MAY 22 AM 8:44
SECRETARY OF STATE
ALLAHUSSEIN FLORIDA

FILED

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>JESUS M SEGURA</u>	<u>9915 W OKEECHOBEE RD</u>
<input type="checkbox"/> Add			<u>APT 5306</u>
<input type="checkbox"/> Remove			<u>HTALEAH GARDENS, FL 33016</u>
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: 05/17/17 if other than the date this document was signed.

Effective date if applicable: 05/17/17
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 05/17/17

Signature [Handwritten Signature]

(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JESUS M SEGURA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)