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I ALBRITTON

COVER LETTER

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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	A.B.E.	CARGO EXPRESS, I	NĊ
DOCUMENT NUMBER:	549526		_

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

Please return all correspondence concerning this matter to the following:

Mitton A. Cano.
Name of Contact Person A B E CARGO EXPRESS FINC,
Firm/ Company 52 N. Main St
,
Norudik, CT-06854
City/ State and Zip Code
 INFOTCOMIK @ gmail.com

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

For further information concerning this matter, please call:

Name of Contact Person

Area Code & Daytime Telephone Number

ar. 203,9813818

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

V \$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



October 7, 2019

MILTON A. CONO 52 N. MAIN ST NORWALK, CT 06854

SUBJECT: A.B.E. CARGO EXPRESS, INC. Ref. Number: S49526

We have received your document for A.B.E. CARGO EXPRESS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page is missing.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 419A00020569

2010/001 in 61113:28

UEL EO크U www.sunbiz.org

•	اماند ب	of Amendment	
		to	
N		f Incorporation of	
A.B	DE Compo G	impress, AVC.	
(<u>N</u>)		rently filed with the Florida Dept. o	of State)
	549526	per of Corporation (if known)	
		•	
Pursuant to the provisions of section its Articles of Incorporation:	607.1006. Florida Statutes.	this Florida Profit Corporation ado	pts the following amend
A. If amending name, enter the ne	ew name of the corporation	<u>"</u> p/A	
		PIA.	The n
name must be distinguishable and	contain the word "corpor	ration." "company," or "incorpore or "Co" A professional corporati	ited" or the abbreviat
word "chartered," "professional as			on nume musi contin
B. Enter new principal office add		NA	
B. <u>Enter new principal office add</u> (Principal office address <u>MUST BE</u>		NA	
		NA	
(Principal office address <u>MUST BI</u>	E <u>A STREET ADDRESS</u>)	N/A.	
	<u>EA STREET ADDRESS</u>) applicable:	NA. NA.	(L)
 (Principal office address <u>MUST BE</u> C. <u>Enter new mailing address, if</u> 	<u>EA STREET ADDRESS</u>) applicable:	NA NA	
 (Principal office address <u>MUST BE</u> C. <u>Enter new mailing address, if</u> 	<u>EA STREET ADDRESS</u>) applicable:	N/A. N/A.	۲
 (Principal office address <u>MUST BE</u> C. <u>Enter new mailing address, if</u> (Mailing address <u>MAY BE A P</u>) D. <u>If amending the registered age</u> 	<u>EA STREET ADDRESS</u>) <u>applicable:</u> <u>OST OFFICE BOX</u>) nt and/or registered office	N A N A address in Florida, enter the name	<u>of the</u>
 (Principal office address <u>MUST BE</u> C. <u>Enter new mailing address, if</u> (Mailing address <u>MAY BE A Pe</u>) 	<u>EA STREET ADDRESS</u>) <u>applicable:</u> <u>OST OFFICE BOX</u>) <u>nt and/or registered office</u> <u>ie new registered office add</u>	<u>tress:</u>	of the
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 (Principal office address <u>MUST BE</u> C. <u>Enter new mailing address, if</u> (Mailing address <u>MAY BE A Pe</u>) D. <u>If amending the registered agen</u> <u>new registered agent and/or th</u> 	<u>applicable:</u> OST OFFICE BOX) nt and/or registered office te new registered office add gent <u>HIMON A</u> .	<u>Iress:</u> Cano J. University Dr	of the
 (Principal office address <u>MUST BE</u> C. <u>Enter new mailing address, if</u> (Mailing address <u>MAY BE A Pe</u>) D. <u>If amending the registered agent and/or the</u> <u>new registered agent and/or the</u> <u>Name of New Registered A</u> 	<u>applicable:</u> OST OFFICE BOX <u>e new registered office</u> <u>e new registered office add</u> <u>gent</u> <u><u>HIMON A</u>. <u>2778 N</u> (Floric</u>	<u>Iress:</u> CANO J. UNIVOISITY Dr da street address)	
 (Principal office address <u>MUST BE</u> C. <u>Enter new mailing address, if</u> (Mailing address <u>MAY BE A Pe</u>) D. <u>If amending the registered agen</u> <u>new registered agent and/or th</u> 	<u>applicable:</u> OST OFFICE BOX <u>e new registered office</u> <u>e new registered office add</u> <u>gent</u> <u><u>HIMON A</u>. <u>2778 N</u> (Floric</u>	<u>Iress:</u> CANO J. UNIVOISITY Dr da street address)	<u>of the</u>
 (Principal office address <u>MUST BE</u> C. <u>Enter new mailing address, if</u> (Mailing address <u>MAY BE A Pe</u>) D. <u>If amending the registered agent and/or the</u> <u>Name of New Registered A</u> 	<u>applicable:</u> OST OFFICE BOX <u>e new registered office</u> <u>e new registered office add</u> <u>gent</u> <u><u>HIMON A</u>. <u>2778 N</u> (Floric</u>	<u>Iress:</u> CANO J. UNIVOISITY Dr da street address)	
 (Principal office address <u>MUST BE</u> C. Enter new mailing address, if (Mailing address <u>MAY BE A Po</u>) D. <u>If amending the registered agent and/or the</u> <u>new registered agent and/or the</u> <u>Name of New Registered A</u>, <u>New Registered Office Add</u> 	$\frac{\text{applicable:}}{\text{OST OFFICE BOX}}$ $\frac{\text{nt and/or registered office}}{\text{sent}}$ $\frac{\text{NiMOn A}}{2778}$ $\frac{2778}{\text{Floric}}$	Iress: CANO J.UNIOISILY Dr da street address) C	
 (Principal office address <u>MUST BE</u> C. Enter new mailing address, if (Mailing address <u>MAY BE A Pe</u>) D. <u>If amending the registered agent and/or the Name of New Registered Agent and/or the Name of New Registered Agent's Signature New Registered Agent's Signature</u> 	<u>applicable:</u> <u>OST OFFICE BOX</u> <u>nt and/or registered office</u> <u>ie new registered office add</u> <u>gent</u> <u>MIMON A</u> <u>2778 N</u> (Floric <u>ress</u> : <u>SIMISE</u> F	Iress: CANO J.UNIOISILY Dr da street address) C	Horida38323 (Zip Code)

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:

John Doe

PΤ

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 PID.

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.

N. University Pr.

33322

2718

Summe FL

Example: X Change

<u></u>	<u> </u>		
X Remove	<u>V</u> <u>Mike</u>	lones	
<u>X</u> Add	<u>SV Sally</u>	Smith	
Type of Action	Title	Name	Address
(Check One) 1) Change	PD	Rivera, Clamnes.	11290 Nw 61st St.
Add			MIOMI, FL, 33178
<u> </u>			
2) Change	TD_	Abello, Joce Vladimir	11290 NW 61st St HIOMI, FL 33178
∧dd			
Remove	PD	Milton A Cano	2778 N. University Dr.
3) Change Add	<u>· · ·</u>		2778 N. University Dr. Sumise FL 33322

Remove

4) ____ Change

__ Remove

5) ____ Change

Add

____ Remove

6) ____ Change

__ Add

____ Remove

Paula A. Correa

	1.1		here: NA	
E. If amendir (Attach ada	ig or adding additional Art litional sheets, if necessary).	<u>ticles, enter change(s)</u> (Be specific)	here: 1004	
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F. <u>If an amen</u> provision	<u>dment provides for an excl for implementing the ame</u>	hange, reclassification	, or cancellation of iss	sued shares, itealf
(if not	applicable, indicate N/A)		wa m ene antenunitent	<u>113711.</u>
		NA		
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	· • .			
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	The date of each amendment(s) adoption:
'	The date of each amendment(s) adoption: $9/18/19$. if other than the date this document was signed. ate this document was signed. 9/1/2019
	Enective date in 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) (<u>CHECK ONE</u>)
1	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 9/18/19
	Dated 911849 Signature (By a director, president or other order, or directors or officers have not been
	Signature (By a director, president or other other other or directors or officers have not been selected, by an incorporator – if in the ands of a receiver, trustee, or other court
	Signature
	Signature (By a director, president or other other other or directors or officers have not been selected, by an incorporator – if in the ands of a receiver, trustee, or other court
	Signature
	Signature (By a director, president or other other or tradirectors or officers have not been selected, by an incorporator – if in the ands of a receiver, trustee, or other court appointed tiduciary by that fiduciary) HIHON A CANO