# P0900059717

| (Re                     | equestor's Name)   | · · · · · · · · · · · · · · · · · · · |
|-------------------------|--------------------|---------------------------------------|
| (Ac                     | idress)            |                                       |
| (Ac                     | ldress)            |                                       |
| (CI                     | ty/State/Zip/Phone | <b>→ #</b> )                          |
| PICK-UP                 | ☐ WAIT             | MAIL .                                |
| (Bu                     | usiness Entity Nar | n <b>e</b> )                          |
|                         | ocument Number)    |                                       |
| Certified Copies        | Certificates       | s of Status                           |
| Special Instructions to | Filing Officer:    |                                       |
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SECRETARY OF STARK

10 JUL -1 PH 3: 5



#### COVER LETTER

| TO: Amendment Division of C |  |  |                         |  |       |
|-----------------------------|--|--|-------------------------|--|-------|
| NAME OF COR                 | PORATION: New En                           | atruckin                                   | g Service               | s Corp.  |       |
| DOCUMENT NU                 | JMBER: <u>P0 9000</u>                      | 059717                                     |                         |  |       |
| The enclosed Artic          | cles of Amendment and fee a                | re submitted for                           | filing.                 | •  |       |
| Please return all co        | orrespondence concerning thi               | s matter to the fo                         | ollowing:               | 13.  |       |
|                             | ReneHCabo                                  | añas                                       |                         | •  |       |
|                             |  | ame of Contact Pers                        | ion                     |  |       |
|                             |  | ž .  | · · · · ·               |  |       |
|                             |  | Firm/ Company                              |                         | <del></del>  |       |
|                             | 16934SW 131                                | 7 PL                                       |                         | :  |       |
|                             |  | Address                                    |                         |  |       |
|                             | Hiami, Fr                                  | 33177                                      | •                       |  |       |
|                             |  | ity/ State and Zip Co                      | ode                     | <del>- 10</del>  |       |
|                             | E-mail address: (to be use                 | d for future annual r                      | eport notification)     |  |       |
| For further inform          | ation concerning this matter,              | please call:                               |                         |  |       |
| •                           | ,  | <b>.</b>                                   | ,                       | ,<br>,   |       |
| Name                        | e of Contact Person                        | at (                                       | )<br>Code & Daytime Tel | enhane Number  |       |
|                             | k for the following amount m               |  | ·                       | •  |       |
| \$35 Filing Fee             | \$43.75 Filing Fee & Certificate of Status | S43.75 Filia<br>Certified C<br>(Additional |                         | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclo | osed) |
| Mailing A Amendmen          | nt Section                                 | Street Add<br>Amendment                    | t Section               | :  |       |
| Division of P.O. Box 6      | f Corporations<br>327                      | Division of<br>Clifton Buil                | Corporations ding       | ·:•  |       |
|                             | e, FL 32314                                |  | tive Center Circl       | le ;   | ٠     |

### Articles of Amendment

## to Articles of Incorporation

| (Name of Corporation as cur   | King Servi  |                                       | State) 7/800                           | 4. 11/2          |
|---|---|---------------------------------------|--|------------------|
| P090000 59  |   |                                       |  | G. Par           |
|   | umber of Corporatio                                     | n (if known)                          | ······································ |                  |
| ·   | •   |                                       |  |                  |
| rsuant to the provisions of section 607.10<br>nendment(s) to its Articles of Incorporation  |   | s, this <i>Florida Pro</i>            | fit Corporation ad                     | lopts the tollow |
| If amending name, enter the new name  | of the corporation:                                     |                                       |  |                  |
|   |   |                                       |  | The new          |
| ame must be distinguishable and contain<br>obreviation "Corp.," "Inc.," or Co.," or the<br>name must contain the word "chartered," "pi            | he designation "Cor                                     | p," "Inc," or "Co                     | ". A professional                      |                  |
| Enter new principal office address, if an   | oplicable:  |                                       |  | ,                |
| rincipal office address <u>MUST BE A STRE</u>   |   |                                       |  | <del></del>      |
|   | •   | <del></del>                           | •                                      |                  |
|   |   |                                       |  |                  |
| Enter new mailing address, if applicab  | <u>le:</u>  |                                       |  |                  |
| (Mailing address MAY BE A POST OFF  | TCE BOX)  | <del> </del>                          |  | •                |
|   | _   |                                       | · · · · · · · · · · · · · · · · · · ·  | ,<br>            |
|   | •   |                                       |  | <del></del>      |
| If amending the registered agent and/or   |   |                                       | enter the name of                      | the              |
| new registered agent and/or the new res   | <u>ristered office addr</u>                             | <u>'ess:</u>                          |  |                  |
| Name of New Registered Agent:   | <u> </u>  |                                       | · · · · · · · · · · · · · · · · · · ·  |                  |
|   |   |                                       |  |                  |
|   | lew Registered Office Address: (Florida street address) |                                       | l l                                    |                  |
| New Registered Office Address:  | (110/10.  |                                       |  |                  |
| New Registered Office Address:  | (1.10/14  |                                       | . Florida                              |                  |
| New Registered Office Address:  | (City)  | · · · · · · · · · · · · · · · · · · · | , Florida<br>(Zip Code)                |                  |
|   | (City)  |                                       |  |                  |
| New Registered Office Address:  ew Registered Agent's Signature, if change the appointment as registered appointment as registered as registered. | (City) ging Registered Age                              | ent:                                  | (Zip Code)                             | he 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) <u>Address</u> **Type of Action** ☐ Add ⊠ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Paribel González as ease remover 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)

| The date of each amendment                          | (s) adoption: 06/01/2010  |                                    |
|---|---|------------------------------------|
| Effective date <u>if applicable</u> :               | 06 01 ZO10  | ; · .i                             |
|   | (no more than 90 days after amendment file  | datė)                              |
| Adoption of Amendment(s)                            | (CHECK ONE)   | ;                                  |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number or sufficient for approval.                      | of votes cast for the amendment(s) |
|   | re approved by the shareholders through voting for each voting group entitled to vote separ |                                    |
| "The number of votes                                | cast for the amendment(s) was/were sufficien  | t for approval                     |
| . by  | "   |                                    |
|   | (voting group)  |                                    |
| The amendment(s) was/wer action was not required.   | re adopted by the board of directors without s  | hareholder action and shareholder  |
| The amendment(s) was/wer action was not required.   | re adopted by the incorporators without share   | holder action and shareholder      |
| Dated   | 6/01/2010<br>Mlen   |                                    |
| Signature   | Hley  |                                    |
|   | a director, president or other officer - if direct  |                                    |
|   | cted, by an incorporator - if in the hands of a<br>pinted fiduciary by that fiduciary)      | receiver, trustee, or other court  |
| upp.  | Haribel Gonzalez (Typed or printed name of person   |                                    |
| •   | (Typed or printed name of person  | n signing)                         |
|   | Presidente.   |                                    |
|   | (Title of person signing)   | •                                  |

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