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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Sharp Cab Company, Inc. DOCUMENT NUMBER: P10000004255 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Veronica Anderson, Esquire Name of Contact Person Anderson and Associates, P.A. Firm/ Company 1339 W. Colonial Drive Address Orlando, Florida 32804 City/ State and Zip Code kanderson@kctransportationinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $at \ (\underbrace{\frac{407}{\text{Area Code}}}_{\text{A rea Tode}} \underbrace{\frac{843-9901}{\text{Elephone Number}}}$ Veronica Anderson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

Sharp	Cab	Com	pany,	inc.
		- 1		

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

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P10000004255		Trans.	
(Documen	nt Number of Corporation (if	known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amend	
. If amending name, enter the new na	ame of the corporation:		
NA			
	nation "Corp," "Inc." or "C	," "company," or "incorporated" or the abbrevia Co". A professional corporation name must contain P.A."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1339 W. Colonial Drive	
		Suite B	
		Orlando, Florida 32804	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1339 W. Colonial Drive	
		Suite B	
		Orlando, Florida 32804	
. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the	
Name of New Registered Agent	Karl Anderson		
	1339 W. Colonia	l Drive	
		<del></del>	
	(Florida stre	et address)	
New Registered Office Address:	(Florida stre	Florida 32804  (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:

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 Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	Р	Altherio Sharpton, Sr.	5017 Golf Club Parkway		
Add			Orlando, FL 32808		
X Remove					
2) Change	Р	Karl Anderson	1339 W. Colonial Drive		
X			Orlando, FL 32804		
Remove	VP	Janie Sharpton	5017 Golf Club Parkway		
3) Change	<u> </u>		Orlando, FL 32808		
X Remove			Ollahuo, FL 32000		
Kemove					
4) Change					
Add					
Remove					
5) Change	<del></del>				
Add					
Remove					
6) Change		_			
Add					
Remove					

(Attach additional sheets, if necessary).	cles, enter change (Be specific)	· · · · · · · · · · · · · · · · · · ·		
I/A				
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lf an amendment provides for an excha	inge, reclassificat	tion, or cancellati	on of issued sha	res,
If an amendment provides for an exchaprovisions for implementing the amen	inge, reclassificat dment if not con	tion, or cancellati tained in the ame	on of issued sha ndment itself:	res,
provisions for implementing the amen (if not applicable, indicate N/A)	inge, reclassificat	tion, or cancellati tained in the ame	on of issued sha ndment itself:	res.
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The date of each amendment(s)	adoption: September 21, 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> Febru	uary 14, 2013
Signature	Pault Andre
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Karl Anderson
	(Typed or printed name of person signing)
	President
	(Title of person signing)