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MAY 1 5 2014 C. CARROTHERS

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOLUTION TRUC	CK ROAD SERVICE INC.		
DOCUMENT NUMB	ER: P14000034536			
	of Amendment and fee are sui	bmitted for filing.		
Please return all corresp	pondence concerning this mat	ter to the following:		
	AYLENIS PREREIRA			
-		Name of Contact Persor	1	
;	SOLUTION TRUCK ROAD SERVICE INC.			
-		Firm/ Company		
	6509 NW OMEGA ROAD			
-		Address		
•	PORT ST. LUCIE, FL 3498	3		
-		City/ State and Zip Code	•	
регеіга	aaylenis@yahoo.com			
		ed for future annual report	notification)	
	`	•	,	
For further information	concerning this matter, pleas	e call:		
AYLENIS PEREIRA		at ( <sup>786</sup>	608-5119	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
	the following amount made			
\$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

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

### SOLUTION TRUCK ROAD SERVICE INC.

(Name o	of Corporation as current	ly filed with the Florida Dept. of State)		
SOLUTION TRUCK ROAD SERVICE	INC.		<u>≯</u>	15
	(Document Number o	f Corporation (if known)	至监	₩ A Y
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ring ennend	
A. If amending name, enter the new na	nme of the corporation:		F STATI	PM 2: 1
	ation "Corp," "Inc," or '	on," "company," or "incorporated" or the "Co". A professional corporation name mus "P.A."		
B. Enter new principal office address, if applicable:  6509 NW OMEGA ROAD				
(Principal office address MUST BE A S		PORT ST. LUCIE, FL 34983		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  6509 NW OMEGA ROAD  PORT ST. LUCIE, FL 34983				- - -
D. If amending the registered agent an new registered agent and/or the new	w registered office addres	<u>s:</u>		-
Name of New Registered Agent	Name of New Registered Agent SAME AS BEFORE ONLY ADDRESS CHANGE			
•				
	,	reet address)		
New Registered Office Address:	6509 NW OMEGA ROAD, PORT ST. LUCIE , Florida 3498		ip Code)	-
New Registered Agent's Signature, if c I hereby accept the appointment as registered.		<u>t:</u> with and accept the obligations of the position	n.	
Alexander and the second and the sec	Signature of New I	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: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			/
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	$\neq$		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic	eles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
( · · · · · · · · · · · · · · · · · · ·	
	<u>/</u>
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
······································	
<del></del>	
<del></del>	<del></del>
	<del>/</del>
/	<b>,</b>

	CHANGE OF ADDRESS EFFECTIVE MAY 7, 2015	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	IAY 7, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
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):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
MAY 7, Dated	2015	
Signature	Agnee2/	
(Ву	a director, president or other officer - if directors or officers have not been	<del></del>
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appo	ointed fiduciary by that fiduciary)	
	AYLENIS PEREIRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	The state of the s