P1600034975

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: <u>FERST COAST</u>	DRAYAGE, INC	
DOCUMENT NUMBE	R: P1600003494	5	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this mat	tter to the following:	
_	RYAN FR	YKELC Name of Contact Person	
_	FTOST COAST	- Drayace , IN Firm/Company	
-	3 414 COPPEIDGE	Address	
_	JACKSONUTICE,	FL 32277	<u> </u>
		City/ State and Zip Code	:
	E-mail address: (to be us	·	notification)
DYAN FLYXEL	(at (904	250.7913
PYAN FLYXELL Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Street Address Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIRST COAST DRAY	AGE INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000034975	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "Inc."	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5414 COPPEDÇE AUE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	JACKSONSUFICE, FL 32242
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	, Florida
•	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	NAR 26 AHASSEE
Signature of New Ro	egistered 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.

X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	•	Address .
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change	-				
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	<u></u>	_			
Add					
Remove					

attach additional sheets, if necessary).	cles, enter change(s) (Be specific)			
				
		<u></u>		
				
			_	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassificatio ndment if not contai	n, or cancellation of ned in the amendme	issued shares, nt itself:	

	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for app	
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
Dated 3/15/18	
Signature of management of the state of the	
(By a director, president or other officer – if directors or	
selected, by an incorporator – if in the hands of a receiv appointed fiduciary by that fiduciary)	er, trustee, or other court
DIAN FRYXELL	
(Typed or printed name of person sign	ning)
PRESTUENT	
(Title of person signing)	