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| (Re                     | questor's Name)   |             |
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| PICK-UP                 | WAIT              | MAIL        |
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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 761289 7182077

AUTHORIZATION

COST LIMIT : (\$\3.5.00)

ORDER DATE : August 9, 2017

ORDER TIME : 3:47 PM

ORDER NO. : 761289-235

CUSTOMER NO: 7182077

## DOMESTIC AMENDMENT FILING

NAME: COMMERCIAL CARRIER CORPORATION

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

## Articles of Amendment to Articles of Incorporation of

| ly filed with the Florid   | da Dept. of State   | )  | 11   |
|--|---|--|--|
|  |   |  |  |
| of Corporation (if knows   | n)  |  |  |
| Florida Profit Corpord   | ation adopts the f  | ollowing amend   | iment(s) t   |
|  |   |  |  |
| on," "company," or "<br>"Co". A professional (<br>"P.A."   | incorporated" or corporation name   | r the abbrevia   | new<br>tion<br>the   |
| and the state of t |   |  |  |
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| lress in Florida, enter t<br>S:  | the name of the   |  | _  |
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| reet address)  |   | <del></del>  | •  |
|  | , Florida   |  |  |
| (City)   |   | (Zip Code)   | <del></del>  |
| t:   | ligations of the 🙀  | sition.  |  |
|  | of Corporation (if know  Florida Profit Corporation)  on," "company," or " "Co". A professional "P.A."  cress in Florida, enter s:  reet address) | of Corporation (if known)  Florida Profit Corporation adopts the factorial Profit Corporation adopts the factorial Profit Corporation name of the second Profit Name | The profit Corporation adopts the following amend the following am |

## 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                      | $\underline{\mathbf{y}}$              | Mike Jones      |                                       |
| _X Add                        | <u>sv</u>                             | Sally Smith     |                                       |
| Type of Action<br>(Check One) | Title                                 | <u>Name</u>     | <u>Addres</u> s                       |
| 1) Change                     | S                                     | Renee Roop      | 502 East Bridgers Avenue              |
| XX Add                        |                                       |                 | Auburndale, FL 33823                  |
| Remove                        |                                       |                 | · · · · · · · · · · · · · · · · · · · |
| 2) XX Change                  | <u>T</u>                              | Robert Y. Fox   | ** Please only remove the title       |
| Add                           |                                       |                 | of Director. He will remain           |
| Remove                        |                                       |                 | Treasurer.                            |
| 3) Change                     | D                                     | Michael P. Ryan | 502 East Bridgers Avenue              |
| XX Add                        |                                       |                 | Auburndale, FL 33823                  |
| Remove                        |                                       |                 | <del></del>                           |
| 4)Change                      |                                       |                 |                                       |
| Add                           |                                       |                 |                                       |
| Remove                        |                                       |                 |                                       |
| 5) Change                     | · · · · · · · · · · · · · · · · · · · |                 |                                       |
| Add                           |                                       |                 | · · · · · · · · · · · · · · · · · · · |
| Remove                        |                                       |                 | 10-700-00-00TP1                       |
| 6) Change                     |                                       |                 |                                       |
| Add                           |                                       |                 | ***********                           |
|                               |                                       |                 |                                       |
| Remove                        |                                       |                 |                                       |

|  | s, if necessary). (B | e specijic)      |                    |  | •            |
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| n amendment provi<br>covisions for impleme | enting the amendm    | ent if not conta | n, or cancellation | <u>n of issued shares</u><br>dment itself: | 1            |
| (if not applicable, i                      | indicate N/A)        |                  |                    |  |              |
|  |                      |                  |                    |  |              |
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| August 1, 2017   |                      |
|--|----------------------|
| The date of each amendment(s) adoption: date this document was signed.   | _, if other than the |
| Effective date if 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 document's effective date on the Department of State's records.                        | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                      |
| 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.   |                      |
| Signature  (By a director, president of other officer – if directors or officers have not been   |                      |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |                      |
| (Typed or printed name of person signing)  |                      |
| Director   |                      |
| (Title of person signing)  |                      |