## 350426

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C Kinsey

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: NATIONWIDE L	IFT TRUCKS INC		
DOCUMENT NUM	250426			
The enclosed Article	s of Amendment and fee are su	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	MICHELLE DAMIANO			
		Name of Contact Person	n	
	NATIONWIDE LIFT TRUC	CKS INC		
Firm/ Company				
	3900 N 28TH TER	, •		
Address				
HOLLYWOOD FL 33020				
City/ State and Zip Code				
	ARHWD@TOYOTANLT.C	ЮМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
MICHELLE DAMIANO		at ( 954	922-4645	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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

Street Address Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

	NΑ	TION	VIDE I	JET TRUCK	INC
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	rently filed with the Flo	rida Dept. of St	ate)		
350426			_		
(Document Numl	ber of Corporation (if kn	own)			
dursuant to the provisions of section 607,1006, Florida Statutes. s Articles of Incorporation:	this Florida Profit Corp	oration adopts th	e followi	ng amer	ndment(s)
. If amending name, enter the new name of the corporation	<u>n:</u>				
man and the Post of the Land				The	new
ame must be distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "I	" A professional corn	rporated" or the a oration name m	ibbreviat ust conta	ion "Co iin the v	rp., " word
. Enter new principal office address, if applicable:				~	
Principal office uddress <u>MUST BE A STREET ADDRESS</u> )				12	
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Enter new mailing address, if applicable:			1.	27.19	مينهد
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	· · · · · ·
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. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	ress:				
new registered agent and/or the new registered office add	ress:				
new registered agent and/or the new registered office add  Name of New Registered Agent	ress:			_	
new registered agent and/or the new registered office add	ress:	<del>-</del>		_	
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Name of New Registered Agent  (Florid	lress:			_	
Name of New Registered Agent	lress: la street address)	, Florida		- -	_
Name of New Registered Agent  (Florid	lress:	, Florida		- Code)	_
Name of New Registered Agent  (Florid	lress: la street address)	, Florida		- Code)	_
Name of New Registered Agent  (Florid New Registered Office Address:	lress: da street address) (City)	, Florida		- Code)	
Name of New Registered Agent  New Registered Office Address:  Week Registered Office Address:  When Registered Office Address:	la street address)  (City)		(Zip	_ Code)	_
Name of New Registered Agent  New Registered Office Address:  Week Registered Office Address:  When Registered Office Address:	la street address)  (City)		(Zip	_ _ Code)	
Name of New Registered Agent  (Florid	la street address)  (City)		(Zip	_ Code)	
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Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agentereby accept the appointment as registered agent. I am familia	la street address)  (City)  zent: iar with and accept the o	bligations of the p	(Zip	- Code)	
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agentereby accept the appointment as registered agent. I am familia	la street address)  (City)	bligations of the p	(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)

\_\_ Add

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 PT John Doe X Remove <u>V</u> Mike Jones X Add<u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) NICHOLAS THOMAS CONTE 3900 N 28TH TER 1) \_\_\_\_ Change HOLLYWOOD FL 33020 \_\_ Add \_\_\_\_ Remove Change \_\_\_\_ Add Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change

(Attach additional sheets, if nec	essary). (Be specific)	s) here:	
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F. If an amendment provides for	an exchange, reclassificati	on, or cancellation of issue	i shares,
provisions for implementing (if not applicable, indicate	the amendment if not contain (N/4)	nined in the amendment its	elf:
(i) not applicable, maleure	Way		
		<del></del> -	

The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	<del></del> .	
-	(voting group)	
DatedSignature		
	a director, president or other officer – if directors or officers have not be cted, by an incorporator—if in the hands of a receiver, trustee, or other of	
	pinted fiduciary by that fiduciary)	oun:
	THOMAS CONTE	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	