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Florida Department of State

2022-09-01-07456:27

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ______

2 SEP - 1 PM 4:0

COR AMND/RESTATE/CORRECT OR O/D RESIGN GRANITE TRANSPORT CO.

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

From: Kaity To

(Persuant to s. 507.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F070	00002561		
	(Document number of corporation	m (if known)	
GRANTIE TRANSPORT CO.			
(Name of c	orporation as it appears on the record		(c)
, Indiana	3 05/1	4/2007	
(Incorporated under	laws of)	(Date authorized to do b	usiness in Florida)
(4-7	SECTION II COMPLETE ONLY THE APPLI	CABLE CHANGES)	
4. If the amendment changes the name of the		effected under the laws of i	its jurisdiction of
incorporation? 3/18/2	022		022
Infiner Transport Co			# # T
** Name of corporation after the amending not contained in new name of the corpor	ation)		-9 -9
(If new name is unavailable in Florida, er	nter alternate corporate name adopted	for the purpose of transact	ung busineks'in Florida)
6. If the tunendment changes the perio	d of duration, indicate new period of	duration.	I: II
	(New duration)		
7. If the amendment changes the jurisc	diction of incorporation, indicate new	jurisdiction.	
	(New jurisdiction)		~
8. If amending the registered agent and/one registered agent and/or the new r		da, enter the name of the	<u>-</u>
new registeren agent antwortte new r	egisterete tornee anaress.		
Name of New Registered Agent			
_	(Florida street address)		
New Registered Office Address	(City)	, Florida_	(Zip Code)
			(cog) x society
New Registered Agent's Signature, if I hereby accept the appointment as regis	changing Registered Agent: dered agent. I am familiar with and i	accept the obligations of th	he position.
	*		•
Signature of New Regi	istered Agent, if changing		

To:

itle/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			Remove
		-	Add
			L. Remove
A 144-1-1-1-1			行 2022 HAY — 飞模 All
			L.Rejijove
			L.Remove
			Add
			[Remove

10, of the application to the Department of Statunder the laws of which it is incorporated.

Ellia Puls

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ellie Puls, Asst. Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

To:

State of Indiana Office of the Secretary of State

CERTIFICATE OF FACT

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that?

NLINER TRANSPORT CO

filed Articles of Amendment on March 18, 2022; changing their name from Granite Transport Co. to Inliner Transport Co.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 09, 2022

lli Julian

HOLLI SULLIVAN
SECRETARY OF STATE

1996051825 / 20222576229

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on May 31, 2022.