FOCOC	005448
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	800389967008 NIC mene
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	RECEIVED FIL
Office Use Only	A. RAMSEY

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

incserv<sup>∼</sup>

## ORDER FORM

**TO** Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 FROM · Melissa Moreau mmoreau@incserv.com 850.656.7953

corphelp@dos.myflorida.com 850-245-6051

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1058103

ά.

ORDER ENTITY\_\_\_\_\_

REQUEST DATE 7/25/2022

### PLEASE PERFORM THE FOLLOWING SERVICES: CLIPPER EXXPRESS COMPANY (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ł

### **COVER LETTER**

TO: Amendment Section Division of Corporations

Change name of Foreign Corporation

Name of Corporation

DOCUMENT NUMBER: Clipper Exxpress Company

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori A. Williams

Name of Contact Person

Fox Rothschild LLP

Firm/Company

10250 Constellation Blvd., Suite 900 Address

Los Angeles, CA 90067

City/State and Zip Code

lwilliams@foxrothschild.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori A. Williams

Name of Contact Person

at (<u>310</u>) <u>228-3079</u> Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

▲\$35 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy

□ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Pursuant to s. 607.1504, F.S.) SECTION I SECTION I

(Document number of corporation (if known)

1. Clipper Exxpress Company

(Name of corporation as it appears on the records of the Department of State)

Delaware

12/13/2010

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II

### (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of

incorporation? July 1, 2022

5. RADIANT ROAD & RAIL, INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(Ĉitv)

(Zip Code)

1

Florida

New Registered Agent's Signature, If changing Registered Agent;

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Title/ Capacity	Name	Address	Type of Action
			Remove
			DAdd
			Remove
			ERemove
			Ckemove
			Remove
<ol> <li>Attached is a c of the applicati under the laws</li> </ol>	sertificate or document of similar import, evid on to the Department of State, by the Secretary of which it is incorporated Signature of a director	encing the amendment, authenticated not r of State or other official having custody of president or other officer - if in the hands	
John Sol	/ a receiver or other cour	n appointed fiduciary, by that fiduciary)	
<u> </u>	(Typed or printed name of person signing)	Secretary	
	(1) post of printer name of person signing)	(Title of person	i signing)

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

,

.

.

.

.

I.

1

1 1 1

ı

l

FILING FEE \$35.00



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'CLIPPER EXXPRESS COMPANY', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'RADIANT ROAD & RAIL, INC.' ON THE FIRST DAY OF JULY, A.D. 2022, AT 8 O'CLOCK A.M.



Authentication: 203871970 Date: 07-08-22

904606 8320 SR# 20222943788

You may verify this certificate online at corp.delaware.gov/authver.shtml