## F13356

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NOV 1 2021 S. PRATHER

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: GREAT SOUTHE	RN PETERBILT, INC.	
DOCUMENT NUMBI	ER:		
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
M	MARCUS W HOLLEY		
_		Name of Contact Person	
C	GREAT SOUTHERN PETE	ERBILT, INC.	
_		Firm/ Company	
1	7130 HOLLEY OAKS LAN	NE	
_		Address	
ŀ	HILLIARD, FL 32046		
_		City/ State and Zip Code	:
1	MHOLLEY1000@GMAIL.C	СОМ	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARCUS W HOLLE	Y	904 at (	707-8937
Name o	Contact Person	Area Co	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to

		corporation	27
	of		<u> </u>
GREAT SOUTHERN PETERBILT, INC.			SS.
(Name of Co	rporation as current	y filed with the Florida Dept. of State)	EE Q
F13356			声的
-	(Document Number o	f Corporation (if known)	OR ES
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporation adopts the follow	ving amendmen
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or t	" "Inc," or "Co"	A projessional corporation name musi con	ation "Corp.,"
B. Enter new principal office address, if ap		17130 HOLLEY OAKS LANE	
(Principal office address MUST BE A STRE		HILLIARD, FL 32046	
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 940	
(maning month) in its and its		HILLIARD, FL 32046	
		The state of the	<del></del>
D. If amending the registered agent and/or new registered agent and/or the new registered agent agen	registered office add pistered office addres	ress in Florida, enter the name of the	
	RCUS W HOLLEY	<u>v.</u>	
Name of New Registered Agent	<del></del> _	. AND	<del></del>
1/1	30 HOLLEY OAKS		
	,	reet address)	c
		3204	
New Registered Office Address:	LIARD	(City), Florida	Cip Code)

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	Р	VIVIAN C HOLLEY	17130 HOLLEY OAKS LANE
Add			HILLIARD, FL 32046
Remove 2)	V	MARCUS W HOLLEY	17671 HOLLEY OAKS LANE
Add			HILLIARD, FL 32046
Remove 3) X Change	s 	BRENTON HOLLEY	17001 HOLLEY OAKS LANE
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary).	(Be specific)			
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	OCTOBER 15, 2021	
The date of each amendment(s) adoption	:	, if other than the
date this document was signed.		
OCTOBER	R 15, 2021	
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	ies not meet the applicable statutory filing requirements, this date will not of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
must be separately provided for each vi	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):  amendment(s) was/were sufficient for approval  (voting group)	FILI 2021 OCT 20 SELRLIANY TALLAHASSE
OCTOBER 15, 2 Dated		ED ) PM 6: 11  OF STATE EE, FLORIDA
	ciary by that fiduciary)	
VIVIA	N C HOLLEY	<del></del>
	(Typed or printed name of person signing)	
PRES	IDENT	<del> </del>
	(Title of person signing)	