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((H21000321826 3)))



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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : BUSINESS FILINGS  
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Email Address: pjehlecpa@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
BLACKROCK LOGISTICS INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$35.00 |

AUG 30 2021  
S. PRATHER

Fax Audit # H21000321826 3

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  
(1-3 MUST BE COMPLETED)

F15000003509

(Document number of corporation (if known))

1. Blackrock Logistics Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Nevada 3. 8/10/2015  
(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? 08-02-2021
5. Red Rock Transportation, 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:

Florida

(City)

(Zip Code)

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

RECEIVED  
FALLAHASSEE, FL 32811

2021 AUG 27 PM 1:11

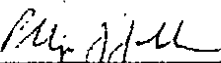
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|-----------------------|-------------|----------------|---------------------------------|
|                       |             |                | <input type="checkbox"/> Add    |
|                       |             |                | <input type="checkbox"/> Remove |
|                       |             |                | <input type="checkbox"/> Add    |
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|                       |             |                | <input type="checkbox"/> Remove |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



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

Philip J Jechle

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

FILING FEE \$35.00

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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## SECRETARY OF STATE



## CERTIFICATE OF NAME CHANGE

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 08/02/2021, a **Amendment After Issuance of Stock** changing the name **Red Rock Transportation, inc.** was filed by BLACKROCK LOGISTICS INC.. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/25/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202108251939142

You may verify this certificate  
online at <http://www.nvsos.gov>