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COVER LETTER

NAME OF CORPORATE DOCUMENT NUMBER			TRUCKING, INC.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspon	udence concerning this mat	ter to the following:	
	BARBARA	Name of Contact Person	er
_	^	DUNCAN TRU Firm/Company	cking , INC.
	7158 COA:	Stal Hwy	
	CRAULERRI	Address Nille / F	2 1 2 1 7
	CHUPOKP	City/ State and Zip Code	;
Du	NCANTRUCKIN E-mail address: (to be us	G BARBALA OF ed for future annual report	notification)
For further information co	oncerning this matter, pleas	e call:	
BARBA	RAK. SUL	ber at (850	e & Daytime Telephone Number
Name of C	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	ayable to the Florida Depa	rtment of State:
□ \$3.5 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
		_	

Mailing Address
Amendment Section

TO: Amendment Section

Division of Corporations

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

BRUCE D. DUNCAN	TRUCKIN	a INC	•			
(Name of Corporation as currently filed wit	th the Florida Dept	LofState)				
L 23 274				<u> </u>		
(Document Number of Corpor	ration (if known)					
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this <i>Florida Pro</i>	<i>fit Corporation</i> add	ppts the followin	ig amei	ndment(:	;) to
A. If amending name, enter the new name of the corporate	tion:					
DUNCAN TRUCKING	INC.			The		
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A pro	ny," or "incorpor ofessional corporat	ated" or the a ion name must	obbrevi contai	ation n the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
D. <u>If amending the registered agent and/or registered offi</u> new registered agent and/or the new registered office a		da, enter the name	e of the	-		
Name of New Registered Agent						
(Fl.	orida street address)					
New Registered Office Address:		, Florida		_		
	(City)		(Zip Code)			
						٠,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: umiliar with and acc	ept the obligations	han hale	13	racción ()	•
Signature of New Regi	istered Agent, if cha	nging	CRETARY OF STA	HAY -9 AH 10: 1		

ne date of each amendment(s) a	doption: <u>4-1-13</u>
Mective date if applicable:	4-1-13
	(no more than 90 days after amendment file date)
option of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
*	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 5	-8-13 Castasa K. Duber Edec. V.P.
	firector, president or other officer if directors or officers have not been
	d, by an incorporator - if in the hands of a receiver, trustee, or other court
аррош	ted fiduciary by that fiduciary)
	BARBARA K. Suber
	(Typed or printed name of person signing)
	Exec. V.P.
	(Title of person signing)