

N19 000005115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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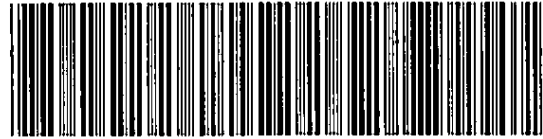
(Business Entity Name)

(Document Number)

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OCT 1 2013  
T. SORCEBER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Carl's Senior Transportation

DOCUMENT NUMBER: N19000005115

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfreeda Cadd  
(Name of Contact Person)

Carl's Senior Transportation  
(Firm/ Company)

7260 Gas Line Rd  
(Address)

Keystone Hts. Fl. 32056  
(City/ State and Zip Code)

acadd1986@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfreeda Cadd at 352 - 260 - 5158  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 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  
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  
to  
Articles of Incorporation  
of

Carl's Senior Transportation  
(Name of Corporation as currently filed with the Florida Dept. of State)

N19000005115  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Golden Years Transportation Inc. The new  
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6538 Patti St.  
Keystone Hts.  
Fl. 32656

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 2228  
Keystone Hts.  
Fl. 32656

D. 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:

AKreeda Carl

New Registered Office Address:

6538 Patti St. Keystone Hts, Fl. 32656  
(Florida street address)

(City)

Keystone Hts, Florida 32656  
(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.

AKreeda R. Carl  
Signature of New Registered Agent, if changing

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)

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.

Example:

☒ Change  
☒ Remove  
☒ Add

PT John Doe  
V Mike Jones  
SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Howard Perry	7740 Floral Ridge Cir Keystone Hts, HI. 32050
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Corey Luke	17832 NE 128th St Stark, HI. 32091
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	CFO/T/S	Alfredo Cadd	10538 Patti St Keystone Hts, HI. 32056
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	TR	Maria Walker	16308 Velocity Hwy Keystone Hts, HI. 32056
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	TR	Dennis Hubbard	SE 15 NE Wild Rl Lot # 6-3 Grainville, HI. 32009
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

We are amending the name from Carls Senior  
Transportation to, Golden Years Transportation  
Inc.

We have amended our officers, by  
adding and changing titles

We have amended address's and added  
a P.O.Box.

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TULSA COUNTY, OKLA

The date of each amendment(s) adoption: September 14, 2019, if other than the date this document was signed.

Effective date if applicable: September 14, 2019  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9-17-19

Signature Alfreda R. Ladd  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALFREDA R. LADD  
(Typed or printed name of person signing)

CEO/TLS  
(Title of person signing)

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SECRETARY OF STATE  
MAIL ROOM  
11/06/19A