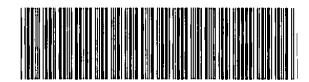
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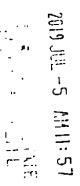
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O VISITE JUL 15 2019



NAME OF CORPORATION: Rapid Ho	aul Inc.
DOCUMENT NUMBER: POO 0	00008307
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this man	tter to the following:
- Kex	Name of Contact Person
Raoi	2 Hay Inc.
214 Teat	Firm/ Company Kwood Circle East Address
m: 111. h	Address
Micareowe	g FL 32068 City/ State and Zip Code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Kevin Knight	at (352) 258-3024 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S35 Filing Fee S43.75 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)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

F. ED

Rapid Haul Inc	2010 11.11
(Name of Corporation as current	tly filed with the Florida Dept. of State) 11: 57
P0000	0008307 Corporation (if known)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation:	
	The n
name must be distinguishable and contain the word "corporation"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain i
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	214 Tall and Circle Fact
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	214 Teakurood Circle East Middleburg FL. 32068
	Middleburg FL. 32068
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent Velician B.	Snielst
214 Teakword Cir	ala Fact
	treet address)
New Registered Office Address: M. Lleburg	, Florida : 320(08)
THE STATE OF THE S	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
2 (() PH	
/ flice ()	nuch ()
Signature of New 1	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; Cl Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	•	John Doc	
_ •			
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	ρ	Stephen D Boswell	2494 Lavelwood L
Add			Clearwater Fl. 3376
Remove			
2) Change		Velicia B. Knight	214 Trackwood Circle Fo
Add			Mildleburg Ft. 32008
Remove	P	Vov	214 Teakwood Circle L
3) Add		Kern A. Knight	Middleburg Fr. 32062
Add Remove			Imedadory
		LisaBrakman	9/2 C 1 h
4) Change Add		Lisa Diahman	862 Crosley Dr. Dunedin Fr. 34698
X Remove			Duneziri It. Oqua
•			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

attach additional she	ng additional Articles vets, if necessary). (f	Be specific)			
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<u> </u>		<u> </u>			
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			40 .7		
an amendment pr	ovides for an exchang	<u>te, reclassification,</u> nent if not contain:	or cancellation of	ISSUED Shares,	
(if not applicable	ementing the amendn le, indicate N/A)	Maria II II II Containe	to in the amendin	the testing	
					
					-
·			·		
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The date of each amendment(s) adoption:	, if ou
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	l not be l
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-2-19	
Signature Kus A Kashara Albara May a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing) President	
President	
(Title of person signing)	