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2/19/2019

2/19/2019	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	V	
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To: D F From:	Doing so will generate another cover sheet. ivision of Corporations ax Number : (850)617-6380 ccount Name : FASTKIT CORP		
A P F **Enter the	count Number : I20100000009 Hone : (305)599-0839 ax Number : (305)592-9591 email address for this business entity to be used for future report mailings. Enter only one email address please.**		
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2019FEB 19 PM 4:59 SECREDARY CONTRACTOR AND SECREDARY CONTRACTOR AND SECREDARY CONTRACTOR AND SECRED AND SECRE	R AMND/RESTATE/CORRECT OR O/D RESIGN         IRUCK & EQUIPMENT SOLUTION CORP.         Certificate of Status       0         Certified Copy       0         Page Count       04         Estimated Charge       \$35.00	2019 FEB 19 AM 11:21	
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Articles of Incorporation     2019 FEB 19     AH11       of     TRUCK & EQUIPMENT SOLUTION CORP.     1/1/1/1/14055EE.       (Name of Corporation as currently filed with the Elorida Dept. of State)     P0200002827       (Document Number of Corporation (If known)       Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s is Articles of Incorporation       A. [Lamending name, enter the new name of the corporation       NA       (Torp., " or Co." and the designation "Corp." "Inc." or "Co". A professional corporation ame must be distinguishable and contain the word "corporation." "company." or "incorporation ame must contain the word "corporation." "company." or "incorporation ame must contain the word "corporation." " or "Co". A professional corporation name must contain the word "chartered." "professional association." or the observiation "P.A."       B. Enter new moliting address MUST BEA STREET ADDRESS )       C. Enter new moliting address MIST DEC DEST OF EFFCE BOX!       Name of New Replatered secont and/for registered office address. In Florida, enter the name of the new registered office address.       Manne of New Replatered Acent ABEL ARDO MARTINEZ       3106 WEST 74 STREET       (Florida areet address)       HALEAH       New Replatered Office Address:       HALEAH       Signature of New Replatered agent : I changing Registered Agent:       (Chy)       Signature of New Replatered Office Agent: I companing a secure agent.       (Chy)		· · · · · · · · · · · · · · · · · · ·		
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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Ad	ΗΤΑΓΕΛΗ		Florida 33018
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		dress: HIALEAH	 (City)	Florida
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Page 1 of 4	New Registered Agent's Signatu	HIALEAH	 (City)	Florida (Zip Code)
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Page 1 of 4	New Registered Agent's Signatu	HIALEAH <u>dress</u> : <u>HIALEAH</u> <u>re, if changing Registered Agent</u> a registered agent. I am familiar MMM	(City) <u> t:</u> with and accept the obligations	Florida (Zip Code)
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	New Registered Agent's Signatu	HIALEAH	(City)	Florida (Zip Code)

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 litle by the first letter of the office title:

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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 Yollowing 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:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	Υ	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	P	ABELARDO MARTINEZ	3106 WEST 74 STREET
X Add			HIALEAH, FL 33018
Remove			
2) Change	ESEC	MICHAEL BARBER	2475 THORNTON DR
Add			COLLEGE PARK GA 30349
X Remove			
3) Change			
Add	1		
Remove			
4) Change			
Add			<b></b>
Remove	ļ		
5) Change			
Add			<u></u>
Remove			
6) Change			
Add	1		
Remove	ļ		
		Page 2 of 4	

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E. <u>If amending or adding add</u> (Attach additional sheets, if i	tional Articles, enter change(s) here: ecessary). (Be specific)	
N/A		
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E. If an amandment provides	for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementi	by the amendment if not contained in the amendment itself: ate N/A)	
(If not applicable, indic N/A	pte N/A)	
		-
	Page 3 of 4	

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The date of each amendment date this document was signed	02/19/2019 (#) adoption:, if other than t
Effective date if applicable:	02/19/2019
	(no more than 90 days after amendment file date)
Note: If the date inserted in t document's effective date on th	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement $f$ 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 action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
02/19/2 Dated	Q19
Dated	A
Signature	1 HIMMING
(By scle	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
app	fiduciary by that fiduciary)
	ABELARDO MARTINEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)
	Page 4 of 4