PD2000123519

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100198108281

03/18/11--01013--023 **35.00

11 HAR 18 AH 11: 49

SECRETARY OF STATE DIVISION OF CORPGRATIONS

Manch 8

(00 3/21/11)

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORP | ORATION: | 24 HRS F | LASH TO | WING C | CORP. |
|--------------------------|---|----------------------|---|--------------|---|
| DOCUMENT NUMBER: P020001 | | | 123519 | | |
| The enclosed Articl | es of Amendment an | d fee are submitte | ed for filing. | | |
| Please return all cor | respondence concern | ing this matter to | the followin | g: | |
| _ | | DAVILSON R | ODRIGUES | | |
| | | Name of Cont | act Person | | |
| | ADR A | ACCOUNTING : | SERVICES | CORP. | |
| _ | | Firm/ Cor | mpany | | |
| | 4699 N FEDERAL HWY SUITE 109E | | | | |
| _ | Address | | | - | |
| | | | O | 0.4 | |
| _ | P | City/ State and | | 64 | |
| | | City/ State and | i zip code | | |
| | JCOS | TA.USA@HOT | MAIL.COM | rtification) | |
| | E-man address. (to | oc asca for fatare a | initial report ne | ,,,,,, | |
| For further informat | tion concerning this r | natter, please cal | l: | | |
| DAVIL | SON RODRIGUES | at (| 954) | 33 | 38-4000 |
| Name o | SON RODRIGUES of Contact Person | | Area Code & | Daytime Tel | ephone Number |
| Enclosed is a check | for the following am | ount made payab | ole to the Flor | ida Depart | tment of State: |
| ☑ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Statu | is Cer | 1.75 Filing Fee a rtified Copy ditional copy is | | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address | | | t Address | | |
| Amendment Section | | | Amendment Section | | |
| Division of Corporations | | | Division of Corporations | | |
| P.O. Box 63 | | | Clifton Building 2661 Executive Center Circle | | |
| Tallahassee FL 32314 | | 7061 | r vecuiive () | enter Circi | t- |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curren | tly filed with the Florid | a Dept. of State) | |
|---|---------------------------|---------------------------|--|
| 24 HRS FLASI | H TOWING CORF | p. PO21 | DDD123. |
| | er of Corporation (if kno | | _ , |
| Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation: | Florida Statutes, this F | lorida Profit Corporation | adopts the following |
| A. If amending name, enter the new name of t | he corporation: | | |
| | H TRUCKING CORP | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the d name must contain the word "chartered," "profe. | lesignation "Corp," "Inc | c," or "Co". A professio | orated" or the mal corporation |
| B. Enter new principal office address, if applie (Principal office address MUST BE A STREET | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or the new registered | | n Florida, enter the nam | SECRETARY OF STAIL BIVISION OF CORPORATIONS 11 MAR 18 AH II: 49 the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Florida street d | address) | |
| | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | | | of the position. |

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:

(Aitach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|---|--|----------------|
| | | | □ D |
| | | | |
| | | | Add Remove |
| | ending or adding additional Ai h additional sheets, if necessary). | | |
| | | | |
| | | | |
| | | | |
| <u>prov</u> | | xchange, reclassification, or cancella nendment if not contained in the amo | |
| | | | |
| <u> </u> | | | |
| - | | | |
| | | | |

| The date of each amendment | (s) adoption: <u>03/15/2011</u> |
|---|---|
| Effective date if applicable: | (date of adoption is required) |
| Effective date <u>n'applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement of 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) |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder |
| Dated MAF | RCH 14, 2011 |
| sele | a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | JOSE C DA COSTA |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |