P02000123519

(Re	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		;		

Office Use Only



900266637099

01/23/15--01012--009 **35.00

15 JAN 23 PH 3: 12

75/-23

JAN 26 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 24 HRS F DOCUMENT NUMBER: P 02000123	LASH TRUC 519	KING CORP.		
DOCUMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following: .			
LUCIANA HOF	RTA	_		
24 HRS FLASI	Name of Contact Person			
24 1 11 3 1 LASI		CONF.		
Firm/ Company 13 SEXTON PLACE				
	Address			
PALM COAST				
	City/ State and Zip Cod			
TAPS@TRUCKP				
E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, pleas	se call:			
LUCIANA HORTA	386	, 264-7069		
Name of Contact Person	at (386	de & Daytime Telephone Number		
		•		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$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		Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

15 JAN 23 PH 3: 12

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	itutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "I word "chartered," "professional association," or the abb	Inc," or "Co". A professional corporation name must c
B. Enter new principal office address, if applicable:	13 SEXTON PLACE
(Principal office address <u>MUST BE A STREET ADDRES</u>	PALM COAST,FL
	32164
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13 SEXTON PLACE
maning wantess MATE DE TITLE BOTA	PALM COAST, FL
	32164
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	,
((Florida street address)
New Registered Office Address:	, Florida, (Citv) (Zip Code)
Trem rice interest office richit cas.	(City) (Zip Code)
The Magnifer of the Marcos.	
New Registered Agent's Signature, if changing Register	

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			NA
Add			
Remove			
2) Change		A	
Add			
Remove			
3) Change		···	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u></u>	
Add			1
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
11
NIA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
-
\
·
•
•
<u> </u>

date this document was signed.	adoption:	, if other than th
· ·	1/19/2015	
<u></u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(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	
Dated	LJ9-15	
Signature	susian forta	
sele	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 pointed fiduciary by that fiduciary)	
	LUCIANA HORTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	