P03000006541

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JACON INTERPRETATIONS JAINED OF CONFORMATIONS

JAN 1 0 2020 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations	COVERLETTER	
	MIN TEANSPORTATION SPECIALISTS /NC ?	是美
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	`	
DAVI	Number of Contract Person	
Doctora)	RANSADETATION SPECIALISTS INC	
39/3 +	Firm Company Ogless Ade	
<u> </u>	Address	
NAPIES	FL 34104	
	City/ State and Zip Code	
DNOBLE (a) E-mail address: (1	OUPHINTEANSFORTATION. COM The used for future annual report not fication)	
For further information concerning this matter	, proase call:	
DAVID NOBLE	a: (239 <u>) 530-0100 X 110</u> Area Coxie & Daytime Telephone Number	
Name of Contact Person	Area Coxie & Daytime Telephone Number	
Enclosed is a check for the following amount	made payable to the F ¹ orida Department of State:	
Mailing Address Amendment Section	Street Address Amendment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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DOLPHIN TRANSPORTA	TION SPECIALISTS /NC tion as currently filed with the Florida Dept. of State)	
(Name of Corporat	tion as currently filed with the Florida Dept. of State)	<u></u>
P0300006541		ھے
(Docu	inent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new name of the c	corporation:	
		пеж
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered." "professional association," or the	ord "corporation," "compuny," or "incorporated" or the abbrevia p." "Inc." or "Co". A professional corporation name must contain e-abbreviation "P.A."	ation Like
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>ON</u> ;	
D. If amending the registered agent and/or registe new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:	~
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Fiorida	
	(Cuy) (Zip Code)	
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.	
Sigr	nature 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: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
\underline{X} Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
() X_ Change	CEO	FRANCIS L PAPPS	3964 SKYWAY DE NAPIES, FL34112
Add			NAPIES, FL 34112
Remove			
2) Change	P	TIMOTHY PROSE	530 S. COLLIERBIUD #402
X Add			MARCO ISLAND, FL 3414S
Remove			ITIAKEO AUSIUD, IL SYTYS
3 i Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add		**************************************	**************************************
Remove			
remove			
6) Change			
Add			
Remove			

famending or adding additional Artic Attach additional sheets, if necessary).		
		·
		
f an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	

The date of each amendment(s) adoption: SEPTEM BER 1, 2019
date this document was signed.
Effective date if applicable: SEPTEMBEC 1 2019 (no more than 90 days after amendment file date)
ino more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory flying requirements, this date will not be listed a 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 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
(yoting 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 accorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By 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)
Trace's L Papps (Typed or printed name of person signing)
(Typed or printed name of person signing)
Presdet
(Title of person signing)