## P0500012954

| (Re                     | equestor's Name)   | -               |
|-------------------------|--------------------|-----------------|
| (Ac                     | idress)            |                 |
| (Ac                     | ldress)            |                 |
| (Ci                     | ty/State/Zip/Phone | e #)            |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | ısiness Entity Nar | ne)             |
| , (Do                   | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | s of Status     |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
| ·                       |                    |                 |
|                         |                    |                 |
|                         | Office Use On      | lv <sup>1</sup> |



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## **COVER LETTER**

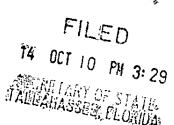
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**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO                               | RATION: Currican   | Truck Equipm                          | ent corp.                             |  |
|---|--|---------------------------------------|---------------------------------------|--|
| DOCUMENT NUMI                               | BER: P050000129  | 954                                   |                                       |  |
|   | of Amendment and fee are su  |                                       | · · · · · · · · · · · · · · · · · · · |  |
| Please return all corre                     | spondence concerning this ma                                       | tter to the following:                |                                       |  |
|   | Renier Lopez   |                                       |                                       |  |
|   | Terrier Lopez  | Name of Contact Person                | •                                     |  |
|   | Curricon Truck   |                                       |                                       |  |
|   | Currican Truck   |                                       | orp.                                  |  |
|   | 40004 014/400  | Firm/ Company                         |                                       |  |
|   | 16304 SW 103   | CI                                    |                                       |  |
|   | Address  |                                       |                                       |  |
|   | MIAMI, FL 33   | 157                                   |                                       |  |
|   |  | City/ State and Zip Code              | <del></del>                           |  |
| Π-  |  |                                       |                                       |  |
| <u>Re</u>                                   | nier.lopez@yal   |                                       |                                       |  |
|   | E-mail address: (to be used for future annual report notification) |                                       |                                       |  |
|   |  |                                       |                                       |  |
| For further information                     | n concerning this matter, pleas                                    | se call:                              |                                       |  |
| Renier Lopez <u>at (786</u> ) 800-8283      |  |                                       |                                       |  |
| _ <del></del>                               | of Contact Person  | •                                     | de & Daytime Telephone Number         |  |
|   |  |                                       |                                       |  |
| Enclosed is a check fo                      | or the following amount made                                       | payable to the Florida Depa           | artment of State:                     |  |
| ☐ \$35 Filing Fee                           | \$43.75 Filing Fee &   | □\$43.75 Filing Fee &                 | □\$52.50 Filing Fee                   |  |
|   | Certificate of Status  | Certified Copy<br>(Additional copy is | Certificate of Status Certified Copy  |  |
|   |  | enclosed)                             | (Additional Copy                      |  |
|   |  | <b>55.555</b>                         | is enclosed)                          |  |
| Mai   | ling Address   | Command                               | A ddwaen                              |  |
| <u>Mailing Address</u><br>Amendment Section |  | Street Address Amendment Section      |                                       |  |
| Division of Corporations                    |  | Division of Corporations              |                                       |  |
| P.O. Box 6327                               |  | Clifton                               | Building                              |  |

2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment to Articles of Incorporation of



| Currican Truck Equipmer   | nt Corp.                                   | **               | ELORIDA                               |
|---|--|------------------|---------------------------------------|
| (Name of Corporation as curren  | tly filed with the Florida Dept. o         | of State)        |                                       |
|   | er of Corporation (if known)               |                  | · · · · · · · · · · · · · · · · · · · |
| ursuant to the provisions of section 607.1006, Fl<br>s Articles of Incorporation:   | orida Statutes, this <i>Florida Profit</i> | Corporation add  | opts the following amendmen           |
| . If amending name, enter the new name of t   | he corporation:                            |                  |                                       |
| ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord" chartered," "professional association," or | Corp," "Inc," or "Co". A profe             |                  |                                       |
| Enter new principal office address, if applic<br>Principal office address <u>MUST BE A STREET</u>   |  |                  |                                       |
| . Enter new mailing address, if applicable:<br>(Mailing address <u>MAY BE A POST OFFICE</u>   |  |                  |                                       |
| . If amending the registered agent and/or reg<br>new registered agent and/or the new registe  |  | , enter the name | e of the                              |
| Name of New Registered Agent  | · · · · · · · · · · · · · · · · · · ·      |                  |                                       |
|   | (Florida street address)                   |                  |                                       |
|   |  |                  |                                       |
| New Registered Office Address:  | (City)                                     | , Florida        | (Zip Code)                            |

Signature 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.

| X Change                      | PT Jo             | ohn Doe      |                 |
|-------------------------------|-------------------|--------------|-----------------|
| X Remove                      | <u>v</u> <u>m</u> | like Jones   |                 |
| X Add                         | <u>SV</u> Sa      | ally Smith   |                 |
| Type of Action<br>(Check One) | <u>Title</u>      | Name         | <u>Addres</u> s |
| 1) Change                     | <u>P</u>          | Mayda Cruz   | 16304 sw 103 ct |
| Add                           |                   |              | Miami, FL 33157 |
| Remove                        |                   |              | ·               |
| 2) Change                     | <u>P</u>          | Renier Lopez | 16304 sw 103 ct |
| Add                           |                   |              | Miami, FL 33157 |
| Remove                        |                   |              | M               |
| 3) Change                     |                   | <u> </u>     |                 |
| Add                           |                   |              |                 |
| Remove                        |                   |              |                 |
| 4) Change                     |                   |              |                 |
| Add                           |                   |              |                 |
| Remove                        |                   |              |                 |
| 5) Change                     | <del></del>       |              |                 |
| Add                           |                   |              |                 |
| Remove                        |                   |              |                 |
| 6) Change                     |                   |              |                 |
| Add                           |                   |              |                 |
| Remove                        |                   |              |                 |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |   |  |
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| nrovisions   | ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: |  |
| (if not a  | upplicable, indicate N/A)   |  |
| Ά  | •   |  |
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| The date of each amendment date this document was signed | t(s) adoption: October 7, 2014   | , if other than the |
|--|--|---------------------|
| Effective date if applicable:                            | Octobor 9, 2014  |                     |
| Entective date it applicable:                            | (no more than 90 days after amendment file date)   | <del></del>         |
| Adoption of Amendment(s)                                 | (CHECK ONE)  |                     |
| The amendment(s) was/wes by the shareholders was/wes     | 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 ed for each voting group entitled to vote separately on the amendment(s):   |                     |
|  | s cast for the amendment(s) was/were sufficient for approval   |                     |
| by   | (voting group)   |                     |
| The amendment(s) was/wer action was not required.        | re adopted by the board of directors without shareholder action and shareholder  |                     |
| The amendment(s) was/wer action was not required.        | re adopted by the incorporators without shareholder action and shareholder   |                     |
| Dated 10/0   | 7/2014   |                     |
| Signature  | Queis  |                     |
| sc   | by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) |                     |
|  | Mayda Cruz   |                     |
|  | (Typed or printed name of person signing)  | _                   |
|  | President  |                     |
|  | (Title of person signing)  | <del></del>         |

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