P05000092813

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
}		

Office Use Only



600056671126

07/15/05--01010--015 **35.00

OS JUL 15 PM 4: 27

Control of

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KNOX T	RANSPORTATION SERVICE
DOCUMENT NUMBER: P050000	92813
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter	to the following:
Name of Contact	Person)
KIVOX TICAINSPORT	CTATION SERVICES INC
4631 NW 31 Address)	VELIVE # 214
TAMARIA (City State/ and Zi	_\$3309 p Code)
For further information concerning this matter, please ca	ılı:
	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	#3.75 Filing Fee & ☐ \$52.50 Filing Fee ertified Copy Certificate of Status Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

KILOX	TRANSPORTATION	SURVICES	1N C
<u> </u>	Jame of corporation as currently filed with the Flori	ida Dept. of State)	

PU5000092813
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:
To the state of th
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
OFFICIAR DIRECTER DISTAIL
CHANGE DISIGNATION TO:
FRAINK KNOX (P) (SEC)
JOANN KNOX (P) (SEC) JOANN KNOX (VP) (FREA)
(Attach additional pages if necessary)
If an amendment provides for 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)
(continued)

The date of each amendment(s) adoption: 7/14/0>
Effective date if applicable: 7/14/35 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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 (voting group)
(voting 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 incorporators without shareholder action and shareholder action was not required.
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)
John Knox
(Typed or printed name of person signing)
V.P / TREFSULER (Title of person signing)

FILING FEE: \$35