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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TRIPLET TRANSPORT				
EXECUMENT NUMBER: POLOCIO O	51995			
The enclosed Articles of Amendment and fee are su	ibmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Thomas or	Name of Contact Person TYCIN SO (4- T-AY. Firm/ Company			
1219 East Au	Address			
Clermant II	3L/7 City/ State and Zip Code			
- pi-15 124@ avrc	sed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
Thomas Pi 45 Name of Contact Person	at (252) 457 4343 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Department of State:			
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) Catalogue Certificate of Status Certified Copy (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment

to

Articles of Incorporation

..f

TRIPLET TRANSPORT, INC			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
Dayarra 5/1995			
(Document Number of (Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the fo	ollowing amendment	i(s) to
A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	the abbreviation	
B. Enter new principal office address, if applicable:	NA	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		· · · · 5	, 1
		23	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	 မွှ	رن
		a D	
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the		
new registered agent and/or the new registered office address:			
Name of New Registered Agent N A			
-		<u> </u>	
(Florida stree	i address)		
New Registered Office Address: N A	Florida, Florida		
(6	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wil	th and accept the obligations of the pos	ition.	
.1.1			
NIA	gistered Agent, if changing		
Signature of New Reg	istered 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	<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>	Name N/A	<u>Addres</u> s
1)Change	•=•		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L <u>if amendin</u> (Attach <i>addi</i>	g or adding additional Artic itional sheets, if necessary).	les, enter change(s (Be specific)) here:		
(1 1 tour 1 tour	1 / 1	(120 opening)			
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If an amen	dment provides for an excha	ngs reclusification	n or cancellation of	Flormad change	
provisions	for implementing the amen				
(if not	applicable, indicate N/A)				
	NIA				
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THE RANGE OF THE COLUMN ACCOUNT		$\wedge / \ell \wedge$:C - 41 41 41-
The date of each amendment(s) add	.bgou:	<u> </u>		_, if other than the
date this document was signed.		10/1		
Effective date if applicable:		/ Y / / +		
mapping.	(no more that	n 90 davs after amendmen	t file date)	
Note: If the date inserted in this blo document's effective date on the Dep			quirements, this date will r	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adop by the shareholders was/were suff		The number of votes cast f	or the amendment(s)	
☐ The amendment(s) was/were appro- must be separately provided for e				
"The number of votes cast fo	or the amendment(s) was/v	were sufficient for approve	ıl	
by	(voting group)		.,, 	
	(voting group)			
☐ The amendment(s) was/were adop action was not required.	ted by the board of directo	ors without shareholder ac	tion and shareholder	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators w	vithout shareholder action	and shareholder	
Dated	8/18/18			
Signature	Thomas Hit	9 4 2		
(By a dire	ector, president or other of			-
	by an incorporator - if in		ustee, or other court	
appointe	d fiduciary by that fiduciar	r <u>v)</u>		
_	Thom	es 5 Prts 7	·	
	(Typed or printe	ed name of person signing)	
	Parsi	dent		
	Clit	le of person signing)		