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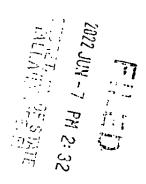
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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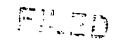
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: D+K	SETUICES,	INC.	
DOCUMENT NUMI	700000	0008710		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	į	Imparly -	1.	
		Name of Contact Person	n	
	Dak SErvices	, INC, db	A DAVES Truck SHO	
	1-100	Firm/ Company		
	12139 LA	cey dr		
	New Port 7	Address Lichey FL	34654	
		City/ State and Zip Cod	e	
	DAUSTruck	c stop Q Hot	mail . com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Kin	nberly J. EGYCO	l at 727	, 514-6734	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation



D+K SERVICES,

2022 JUN - 7 PH 2: 33

(Name of Corporation as currently filed with the Florida Dept. of State) P0800000 8710 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	P	DAVID M. EGYED	12139 Lacey br
Add Remove	~	V. hada 1 50 150	New Fort Richey, FL 34,54
2) Change Add	<u>+</u>	Kimberly J.EGYED	12139 LACKY Dr New Port Richey
Remove Change Add		Tony D. BOLIN	>8795 IRWIN ST
Remove 4)ChangeAdd			New Port Richey FC 34454
Remove 5)ChangeAdd			
Remove 6) Change Add			

(Attach	nding or adding a additional sheets,	if necessary).	(Be specific)				
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<u>_</u>			 -				
							
							
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. <u>Ifan a</u>	mendment provid	<u>les for an excl</u>	hange, reclasși	fication, or can	cellation of issu	ied shares.	
<u>provis</u>	<mark>sions for impleme</mark> f not applicable, in	nting the ame	endment if not	contained in th	<u>ie amendment i</u>	tselt:	
()	ј ни арунсане, и	inicale (1771)					

		<u> </u>					
							
						-	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Difference data if applicables	5/3/1 <i>y</i>	
Effective date if applicable:	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the aufficient for approval.	amendment(s)
☐ The amendment(s) was/were approximate the separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	wing statement nent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
selecte	irector, president or other officer – if directors or officers had d, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name or person signing)	
	STD	
	(Title of person signing)	