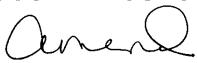
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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12/10/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LORD & KING TRUCKING INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BETTY A. SPITALERI
Name of Contact Person
LORD & KING TRUCKING INC.
Firm/ Company ·
3025 NE 25 STREET
Address
OCALA FL 34470
City/ State and Zip Code
landlin ata calcin a Anna ail an a-
lordkingtrucking@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BETTY SPITALERI at (352) 671-1393
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 2012 BEC -7 PM 3: 44

LORD & KING TRUCKING INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

LORD & KING TRUCKING INC.

(Document Number of Corporation (if known)

amendment(s) to

Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Sta	tutes, this Flo	rida P _r rofit Ca	<i>prporation</i> add	pts the following	amendmer
A. If amending name; enter the new na	me of the corpo	ration:				
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat B. Enter new principal office address, I (Principal office address MUST BE A ST	ation "Corp," "I ion," or the abbr if applicable:	Inc " or "Co reviation "P./	". A professi		ated" or the abi	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		The second secon				
D. If amending the registered agent an new registered agent and/or the new			s in Florida, c	enter the nam	of the	
Name of New Registered Apont	OSCAR F			•		
	3025 NE	25 STRI	EET			
New Registered Office Address:	OCALA	(Florida street	address)	, Florida	34470	
Canada and Anna and A		(City))		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Register erest agent. Lag	red Agent:	n and accept	he obligations	of the position.	

red 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 Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P BETTY A. SPITAL	ERI 3025 NE 25 STREET
Add		OCALA FL 34470
X Remove	•	
2) Change	P OSCAR FABIAN	3025 NE 25 STREET
X		OCALA FL 34470
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	 -	
I/A	•	•	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
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If an amendment provides for an exch- provisions for implementing the amer	ange, reclassification, o	or cancellation of issued s	<u>hares,</u>
(if not applicable, indicate N/A)	iament if not contained	i in the amendment itself:	<u>.</u>
			<u> </u>
00% SHARES TO OSCA	AR FABIAN		
			
		<u></u>	-

The date of each amend	Iment(s) adoption: TT/OT/ZOTT
Effective date <u>if applica</u>	11/01/2011
	(no more than 90 days after amendment file date)
Adoption of Amendme	nt(s) (<u>CHECK ONE</u>)
	as/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	as/were approved by the shareholders through voting groups. The following statement rovided for each voting group entitled to vote separately on the amendment(s):
"The number of	f votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not require	as/were adopted by the board of directors without shareholder action and shareholder ed. as/were adopted by the incorporators without shareholder action and shareholder
action was not require	
Dated	11/01/2012
Signat	ure (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)
	BETTY A SPITALERI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)