P09000093345

(Red	questor's Name)	
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(City	y/State/Zip/Phone	= #)
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SECRETARY OF STATE OIVISION OF CORPORATION OF STATE OF ST

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FEB 1 2 2013 T. BROWN

COVER LETTER

TO: Amendment Division of	Section Corporations	î.s		
NAME OF COR	RPORATION: 305.TON	NG & RECOV	ERY, INC.	_
DOCUMENT N	umber: <u>PO9000</u>	93345		
The enclosed Art	icles of Amendment and fee are su	bmitted for filing.		
Please return all	correspondence concerning this ma	tter to the following:		
	CARLOS	JR ALAS		
		Name of Contact Perso		
	305 TOWING	Firm/ Company	Y, INC.	
	18495 SOUTH	Address	# 351	
	MIAMI FLO	ORIDA 3315	-	
	111(11111111111111111111111111111111111	City/ State and Zip Cod		
-	CNS transport E-mail address: (to be us	2 egmail.	com or and 3	RECOVERY@gmail.com
For further inform	nation concerning this matter, pleas	se call:	,	• .
CARIOS	ALAS	at (786	, 318-7689	
N	ame of Contact Person		de & Daytime Telephone N	lumber
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fe	e \$\sum \\$\\$43.75 \text{ Filing Fee & } \text{Certificate of Status}	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Mailing Address		Address	
	Amendment Section Division of Corporations		ment Section n of Corporations	•
	P.O. Box 6327	Clifton	Building	
•	Tallahassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



305 TOWING & RECOVERY, INC	<.5s
(Name of Corporation as currently filed with the Florida Dept. of State)	•
P09000093345	*
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	; amendment(s
A. If amending name, enter the new name of the corporation:	
CNS TRANSPORT, INC.	The new
CNS TRANSPORT, INC. name must be distinguishable and contain the word "corporation," "company." or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must of word "chartered," "professional association," or the abbreviation "P.A."	breviation ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) # 351	MA
MIAMI, FC 33157	
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 N A	
(Florida street address)	
Non-Business (Office Address NIA	
New Registered Office Address: NA A Florida Florida (City) (Zip Code)	
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.	
NIA	
N A 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.

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>	Name N/A	<u>Addres</u> s
I) Change		10/ 14	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			44
Add			
Remove			
6) Change			
Add			
Ramova			

(Attach additional sh	ling additional Artineets, if necessary).			
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If an amendment p	rovides for an excha	inge, reclassification, o	r cancellation of issue	ed shares. self:
(if not applicab	ole, indicate N/A)			
	MA			
				
TF (· · · · · · · · · · · · · · · · · · ·			-
				
			P-1-2-2-7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	

The date of each amendment(s) adoption: $\frac{2/6/2013}{}$
Effective date if applicable: 2/0/2013 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted 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.
Dated 2/6/2013
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)