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Walter - S. Ph. Loo

C. GOLDEN NOV - 6 2020

## COVER LETTER

Division of Corporations		
AME OF CORPORATION: F. HO	15port INC	
OCUMENT NUMBER: P100000		
ne enclosed Articles of Amendment and fee are sul		
ease return all correspondence concerning this may	tter to the following:	
Saile	Name of Contact Person	
	Name of Contact Person	
f. Kansa	ood INC _	
	Firm/ Company	
f. fransp 1055 & 26 Hinlent, F	5/	
	Address	
thislead; t	L 33013	
	City/ State and Zip Code	
F. Kenspor	Hine gman	1.10m
E-mail address: (to be u	ised for future annual report	notification)
for further information concerning this matter, plea	ase call:	
Name of Contact Person	at (786	,800-0693
Name of Contact Person	Area Cod	de & Daytime Tolophone Number
inclosed is a check for the following amount made	e payable to the Florida Depa	ertment of State:
\$35 Filing Fee  \$3.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & 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
Tallahussee, Fil 32314

D: Amendment Section

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahussee
2415 N. Monroe Street, Suite 810
Tallahassee, Ft. 32303

## Articles of Amendment Articles of Incorporation of

$\sim$ 1		
fi-transport	DUC_	<u> </u>
P10000009695	as currently filed with t	he Florida Dept. of State)
¥1000009695	· _ · _ · _ · _ · _ · _ · _ · · · · · ·	
(Docume	nt Number of Corporation	e (if known)
suant to the provisions of section 607,1006, Florida S Articles of incorporation:	Statutes, this <i>Floridu Profi</i>	It Corporation adopts the following amendment(s)
If amending name, enter the new name of the cor	poration:	
		The new
me must be distinguishable and contain the word "cor ic.," or Co.," or the designation "Corp," "Inc," hortered," "professional association," or the abbrev	or "Co". A professione	r "incorporated" or the abbreviation "Corp.," at corporation name must contain the word
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
If amending the registered agent and/or register	ed office address in Flori	ida, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida(Zip Code)
New Registered Office Mills uss.	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	ostered Agent: Lam familiar with ond ac	cept the obligations of the position.
erroy accept the appointment as register ou agent.		
Sign	ature of New Registered a	igent, if changing

Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

famending 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 necassary) Please note the officer/director title by the first letter of the office title. ? = President; V= Vice President; T= Treasurer; S= Secretary. D= Director, TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO  $\simeq$  Chief Financial Officer. If an officer/director holds more than one title, list the first tester of each office held Ores ident, 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>61,</u> <u>John Doe</u> Mike Jones X Remove Sally Smith  $X \wedge dd$ <u>5V</u> <u>Address</u> Type of Action Title (Check One) Venonica Wagner F) \_\_\_\_ Change X Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_\_ Remove 3.) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Romove I) \_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove Change \_\_\_\_ Add .\_\_\_\_ Remove Change \_\_\_\_ Add

Remove

Tamending or adding additional Articles, enter change(s) here		
ttack additional sheets, if necessary).	the specifics	
<del></del>		
·		
f un amandment provides for un exc	change, reclassification, or cancellation of issued shares.	
provisions for implementing the am	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
,,		

The date of each amendment(s) ac	loption:	, if other than the
isse this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inscrted in this biocument's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	lder action and shareholder
D The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame flicient for approval.	indmeni(s)
The amendment(s) was/were app must be separately provided for	raved by the shareholders through voting groups. The jollowing each voting group entitled to vote separately on the amendment	g statement US):
"The number of voics cast	for the amendment(s) was/were sufficient for approval	
by	···	
,	(voting group)	
Dated	105/20	
Signature		
	rector, president or other officer - it directors or officers have i	
	d, by an incorporator – if in the hands of a receiver, trustee, or o ted fiduciary by that fiduciary)	ther court
азронн		
	Lety P. Hackine	
	(Typed or printed name of person signing)	
	President	
	(Tate of person signing)	