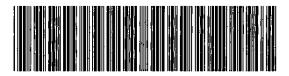


, (Re	questor's Name)	
· (Ad	dress)	·
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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10 APP -9 PH 2:5

APPROVEU AND

12/18/V

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	SLEW TRUCKING	
DOCUMENT NU	JMBER:	P10000024166	3
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		NOEL SLEW	·
	N	lame of Contact Person	
	SLE	EW TRUCKING INC	
		Firm/ Company	
	4300 TARKINGTON DR		
Address			
	LANE	O O LAKES, FL 34639	
	C	ity/ State and Zip Code	
_	RHIESTAN E-mail address: (to be use	ND@ATS-TAX.COM  If for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
<u> </u>	RON HIESTAND		909-9520
Namo	e of Contact Person	Area Code & Daytime To	elephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depa	rtment of State:
☑ \$35 Filing Fee	\$43.75 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	ele

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

### **SLEW TRUCKING INC**

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

#### P10000024166

(Document Number of Corporation (if known)

on:	The
Corp," "Inc," or	pany," or "incorporated" or "Co". A professional corpora breviation "P.A."
V	
	ida, enter the name of the
rida street address	<del></del>
	•
	, Florida
	Corp," "Inc," or iation," or the ab

# <u>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:</u> (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	JOHN A MARSHALL	6607 W PARIS STREET TAMPA, FL 33634	☑ Add □ Remove
			□ Add □ Remove
	ding or adding additional Articles, endeditional sheets, if necessary). (Be s		
provisi	nendment provides for an exchange, ons for implementing the amendmen ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: APRIL 4, 2003
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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 NOEL SLEW	,,,
,	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_APF	RIL 4, 2010
Signature	
sele	va director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	NOEL SLEW
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)