## P10000 102425

| (Requestor's Name)                      |   |
|---|---|
| (Address)                               |   |
| (Address)                               | 2 |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
| Certified Copies Certificates of Status |   |
| Special Instructions to Filing Officer: |   |
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|   |   |

Office Use Only



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Amend

OCT 12 2017

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

|                           |   | - T  | T -  |
|---------------------------|---|--|--|
| NAME OF CORPORA           | ATION: CHITY                                | O MUD  | inc  |
| DOCUMENT NUMBE            | er: <u>71000010</u>                         | <u>3425</u>  | <del></del>  |
| The enclosed Articles of  | f Amendment and fee are sul                 | bmitted for filing.  |  |
| Please return all corresp | ondence concerning this mat                 | tter to the following:   |  |
|                           | Caslal                                      | Yearn  |  |
| _                         | 431611                                      | HEENUT   |  |
|                           | •   | Name of Contact Persor   | 1  |
| _                         |   | Firm/ Company  |  |
|                           | 135WP                                       | judi Las   |  |
| _                         | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -     | Address  |  |
| _                         | <u>gaille</u>                               | HIL FL S   | 4609   |
|                           | ,   | City/ State and Zip Code   | <u>e</u>   |
|                           | E-mail address: (to be us                   | ed for future annual report  | Deathar Connotification)   |
| For further information   | concerning this matter, pleas               | se call:   |  |
|                           |   | at (   |  |
| Name of                   | Contact Person                              | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for   | the following amount made p                 | payable to the Florida Depa  | artment of State:  |
| □ \$35 Filing Fee         | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Maili</u>              | ng Address                                  |  | Address  |
|                           | idment Section                              |  | Iment Section  |
|                           | ion of Corporations<br>Box 6327             |  | on of Corporations<br>Building   |
|                           | nassee, FL 32314                            |  | Executive Center Circle  |

Tallahassee, FL 32301

## Articles of Amendment

| to   |
|--|
| Articles of Incorporation  |
| of   |
| Optimo Trans Inc   |
| (Name of Corporation as currently filed with the Florida Dept. of Stat |
| 710000102485   |

(Document Number of Corporation (if known)

3/40C7 10 My 9: 14

| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>i</i> its Articles of Incorporation:  | Florida Profit Corporation adopts the following amendm |
|---|--|
| A. If amending name, enter the new name of the corporation:   |  |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation " | Co". A professional corporation name must contain th   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | 13580 Profilcus<br>Spring Hill, FL 34669               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 7.0 Box 155007<br>Sping Hill, FL 341004                |
| D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:   |  |
| Name of New Registered Agent STONE H  | EMU)   |
| 13565 4   | di Loop  |
| New Registered Office Address: New Registered Office Address:   | (City) , Florida Zhos (Zip Code)                       |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w   |  |
|   | egistered 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> <u>John</u>  | <u>Doe</u>      |                                      |
|--------------------------------|------------------------|-----------------|--------------------------------------|
| X Remove                       | <u>V</u> <u>Mike</u>   | Jones           |                                      |
| X Add                          | <u>SV</u> <u>Sally</u> | Smith           |                                      |
| Type of Action<br>(Check One)  | <u>Title</u>           | <u>Name</u>     | Address                              |
| 1) Change                      | PICEO                  | Clystell Fremon | 135071di Lap                         |
| Add Remove                     |                        |                 | DILATINATION                         |
| 2) Change Add                  | REO                    | Zonarchleus     | BUSILOLO D. Spring + MILTE ZULOS     |
| Remove  3) Change  Add  Remove | VP_                    | locienteus      | 130G1 LoLa Dr<br>Opring HII, FL 3UWS |
| 4) Change Add Remove           | STO                    | Brunleuis       | 13091 LLa Dr.<br>Dringtill FI 34608  |
| 5) Change Add Remove           |                        |                 |                                      |
| 6) Change Add Remove           |                        |                 |                                      |

| E. If amending or adding additional Articles, enter change(s) here:  |
|--|
| (Attach additional sheets, if necessary). (Be specific)  |
| NIA  |
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| E. If a second second of a second   |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  |
| NIA  |
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| e date of each amendment(s) adoption:, if  | f other than the |
|--|------------------|
| te this document was signed.   |                  |
| fective date if applicable: 101512017  |                  |
| (no more than 90 days after amendment file date)   |                  |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lead to the Department of State's records.  | be listed as the |
| loption 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)   |                  |
| 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 10507  |                  |
| Signature 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)  |                  |
| President Chet Executive CHI   | cer              |