

P11000009266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

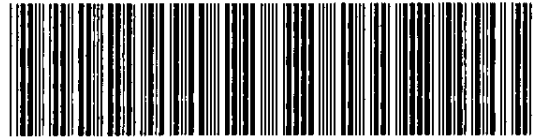
(Document Number)

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*Ment*

FILED  
11 MAR -9 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*tn 3-1-11*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2011

JOHN K. SCHEERINGA  
JOHN DAKOTA AUSTIN TRUCKING  
5222 CLOVER MIST DR  
APOLLO BEACH, FL 33572

SUBJECT: JOHN DAKOTA AUSTIN TRUCKING INC.  
Ref. Number: P11000009266

We have received your document for JOHN DAKOTA AUSTIN TRUCKING INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 311A00005215

RECEIVED  
11 MAR -9 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** John Dakota Austin Trucking Inc.

**DOCUMENT NUMBER:** P11000009266

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John K. Scheeringa  
Name of Contact Person

John Dakota Austin Trucking Inc.  
Firm/ Company

5222 Clover Mist dr.  
Address

Apollo Beach FL 33572  
City/ State and Zip Code

John Scheeringa  
John.Scheeringa@Yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Scheeringa at ( 813 ) 638-2940  
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:

- |                                          |                                                                        |                                                                                                  |                                                                                                                                    |
|------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

John Dakota Austin Trucking Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P11000009266  
(Document Number of Corporation (if known))

**FILED**  
11 MAR -9 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the  
abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation  
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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

New Registered Office Address: (Florida street address)

\_\_\_\_\_, 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.

\_\_\_\_\_  
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)

| Title    | Name                                          | Address                                              | Type of Action                                                             |
|----------|-----------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|
| P        | <del>Dakota J. Scheeringa</del><br>Scheeringa | 5222 Clover Mist. dr.<br>Apollo Beach FL<br>33572 us | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| P        | <del>John K. Scheeringa</del><br>Scheeringa   | 5222 Clover Mist. dr.<br>Apollo Beach FL<br>33572 us | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| VP & Sec | <del>Dakota J. Scheeringa</del><br>Scheeringa | 5222 Clover Mist. dr.<br>Apollo Beach FL<br>33572 us | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

**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)

N/A

NOT AN ASSESSOR FLORIDA

The date of each amendment(s) adoption: 2/24/2011  
(date of adoption is required)  
Effective date if applicable: \_\_\_\_\_  
(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)

☐ 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

2/24/2011

Signature

[Handwritten 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)

JOHN K SCHEERINGA

(Typed or printed name of person signing)

President

(Title of person signing)