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SECRETARY OF STATE

MIT MIASSEE, FLORD/

MAR 15 2013

R. WHITE

Division of Corporations

Tallahassee, FL 32314

P.O. Box 632"

COVER LETTER

TO: Amendment Section Division of Corporation			
NAME OF CORPOR	ATION:RomA	C TRANSPO	ort INC.
DOCUMENT NUMB	ER:		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
-	Romac 37416 ZEPHYE	Name of Contact Person TKANSPORT Firm: Company TEMPLE AV Address City: State and Zip Cod Red for future annual report	1 /NC. 1. 3 3541
	concerning this matter, pleas	se call:	
	T. MCHENRY fContact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	utment 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)
	ing Address idment Section		Address Iment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

	Articles of Amendment	
	to Articles of Incorporation	FILED
Romac TRA	NSDART INC.	13 MAR 11 AM 11:35
(Name of Corporation as curt	ently filed with the Florida Dept. of S	tate) TALL MINGGE OF STATE
•		FLORIDA
(Document Nu	mber of Corporation (if known)	
tursuant to the provisions of section 607.1006 ts Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s)
A. If amending name, enter the new name of	of the corporation:	
name must be distinguishable and contain i "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession	
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STREI</u>		
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u>		
D. If amending the registered agent and/or new registered agent and/or the new reg		nter the name of the
Name of New Registered Agent		
parameter.	(Florida street address)	
New Registered Office Address.		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang		
hereby accept the appointment as registered	agent. I am familiar with and accept th	e obligations of the position.
Cinnah	re of New Registered Agent, if changing	
Dignita	of the in the proportion the county of committing	t end of the control

	ach additional sheets, if necessary).	(Be specific)	
	•		
	·		
lf ar	ovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:	
lf ar	nn ainendinent provides for an excha ovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:	
lf a pre	ovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:	
If an	ovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
If a	ovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
If a	ovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
If a	ovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:	
If a	ovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:	

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.

Z Change	PT Jol	m Doe		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
<u>X</u> Add	<u>SV</u> Sal	ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1)Change	5	ELIZABETI	1 MCHENRY	ZEPHYRHILLS, FL
Add				ZEPHYRHILLS, FL
Remove				33541
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
δ)Change				
Add				
Remove				

The date of each amendment(s) adoption: 2-8-/9
Effective date if applicable: 3-8-13
(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
☐ 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
Signature Oct Muy
(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
(Title of person signing)