

Florida Department of State

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COVER LETTER

Division of Corpor					
NAME OF CORPOR	ATION; CCCTRANSPO	RT INC			
DOCUMENT NUMB	ER: P12000061082				
	f Amendment and fee are so	bmitted for filing.			
Please return all corresp	condence concerning this ma	tter to the following:			
1	MARÇO ARROYO				1
-		Name of Contact Person	1		
	C C C TRANSPORT INC				
-		Firm/ Company			
,	6334 MOSSWOOD DR				
-		Address			
	seffner, fl 33584				
- -		City/ State and Zip Code	2		
				٠	
	E-mail address: (to be us	sed for future annual report	notification)		•:•
	`	•	•	**	_
For further information	concerning this matter, pleas	se call:		ilnt.	
MARCO ARROYO		613	7703016	-	•
	COLUMN	at (513) 7703016 de & Daytime Telephone Number.		
\ ~ Name o	f Contact Person	AICILLO	ge & Daytime Telephone Number		Property (
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtrnent of State;		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
A me Divis P.O.	ing Address noment Section sion of Corporations Box 6327 thassec, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

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Articles of Amendment to Articles of Incorporation of 2815 OCT 13 AH 10: 18

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

C C C TRANSPORT INC		, TA L	LAHASSLE. PLI
(Name	of Corporation as curret	thy filed with the Florida Dept. of State	*
P12000061082		,	E 2800
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	ion," "company," or "Incorporated" or the "Co". A professional corporation name mu "P.4."	The new abbreviation st contain the
B. Enter new principal office address, if applicable:		6334 ,MOSSWOOD DR	
(Principal office oddress MUST BE A S	TREET ADDRESS)	SEFFNER, FL 33584	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6334 MOSSWOOD DR	달
		SEFFNER, FL 33584	(,1 s
D. If amending the registered agent at new registered agent and/or the new Name of New Registered Agent	d/or registered office ad	dress in Florida, enter the name of the	·····································
CHAIR OF NOW ROXING BU ARENE	6334 MOSSWOOD DR	Committee and Co	· .
	(Florida street address)		
New Repistered Office Address:	SEFFNER	Florida 33584	1
The transfer of the transfer o		(City) (Zi	p Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered ugent. I am familia	with and accept the obligations of the position	t .
•	Signature of New	Registered Agent, if changing	
		11	•

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 = Provident; 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 Ramove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe	
X Remove	¥	Mike Jones	
<u>X</u> Add	SY	Sally Smith	
Type of Action (Check One)	<u>Titie</u>	<u> Мапіс</u>	<u>Address</u>
1) X Change	P	MARCO ARROYO	6334 MOSSWOOD DR
Add			SEFFNER, FL 33584
Remove			
2) Change		2.3 2 2 2 2 2 2 2 2 3 3 3 2 2 2 2 2 3 3 3 3 2 2 2 2 3 3 3 3 3 2 2 2 2 3	
Add	£*	Sant Salah Mas	
Remove			
3) Change			
Add	, — -	e in hij de hadhe. Galaiste	
Remove		The same of the sa	The state of the s
4)Change	·	-	
Add			
Remove			
5) Change			
Add			
Remove			
∩ Change			
Add			
Remove			

Page 2 of 4

	(Be specific)
 	
	N. A. P. A.
	- grap dijarar
	How Late.
	g historia. Grand grant office
E. If an amandment provides for an evalua-	nge, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amend</u>	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
10/13/2015	
Effective date if applicable:	
(NO MOIE MAIL SI) Mays after american file bases	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records,	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group emitted to vote separately on the amendment(s):	'ement
"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 was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated 10-13-2015	•
of the same of the	
Signature (By a director, president or other officer – if directors or officers have not b	nen .
selected, by an incorporator – if in the hands of areceiver, trustee, or other	
appointed fiductary by that fiduciary)	
Morco A. Amogo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	