## P13000010913

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. <b>(</b> Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF SHIPE

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## **COVER LETTER**

Division of Cor			
NAME OF CORPO	DRATION: FAST TERMINA	L CORP	
	IBER: P13000010913		
The enclosed Article	s of Amendment and fee are sa	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Per Folkesson		_
		Name of Contact Pers	on
	Horizon Terminal Services		
		Firm/Company	
	12724 Gran Bay Parkway W	est, Suite 410	
•		Address	
	Jacksonville, FL 32258		
		City/ State and Zip Co	de
per.	folkesson@horizonterminals.co	om ·	
	B-mail address: (to be us	sed for future annual repor	rt notification)
For further informati	on concerning this matter, pleas	se call:	
Leah Brown	_	at (	563-6501
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	partment 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)
	alling Address		t Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327			n Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name	of Cornoration as curren	tly filed with the Florida Dept. of State)	
P13000010913			
	(Document Number	of Corporation (if known)	
cursuant to the provisions of section 607 as Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	g amendment(s) to
. If amending name, enter the new n	ame of the corporation:		
lot Applicable			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the ai "Co". A professional corporation name must o "P.A."	bbreviation
Enter new principal office address,	if applicable:	Not Applicable	
Principal office address <u>MUST BE A S</u>			55
			<del></del>
Enter new mailing address, if apple (Mailing address MAY BE A POST)	icable:	Not Applicable	
(Maning united MALBEA FOST	OFFICE BOX		
If amending the registered agent an new registered agent and/or the new	d/or revistered office add y registered office addres	i <mark>ress in Florida, enter the name of the</mark> 3:	
Name of New Registered Agent	Harizon Terminal Sarvicae 1 1 C		
	12724 Gran Bay Parkway West, Suite 410		
	(Florida si	rees address)	
New Registered Office Address:	Jacksonville	. Florida	
		(City) (Zip C	ode)

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	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	\$¥	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		Not Applicable	
Add			<u> </u>
Remove			
2) Change			
Add			
Remove			
3)Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del>-</del> , <u></u>	
Add			
Remove			<u> </u>
6) Change	<del></del>		
Add			
Remove			

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)  at Applicable	
t Applicable	

	Not Applicable	18 - Atrau Atrau Atra
The date of each amendment(s) date this document was signed.	adoption:	_ if other than the
	ot Applicable	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will a Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	»	
·	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
8/24/16		
Dated		
	<del></del>	
Signature	to taken	_
	director, president or other officer - if directors or officers have not been	
	sted, by an incorporator - if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
	Per Folkesson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	