P14000003535

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14 FEB 24 PM 3: 01

C. LEWIS
FEB 2 4 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FD TRANSPORT SERVICE INC.						
DOCUMENT NUMBER: P14000003535						
	of Amendment and fee are su					
Please return all corre	spondence concerning this ma	tter to the following:				
	-	Ç				
	Fitz G Donegal					
	Name of Contact Person FD TRANSPORT SERVICE INC.					
		Firm/ Company				
	8686 TALLY HO LN					
		Address				
	ROYAL PALM BE	EACH, FL 33411				
		City/ State and Zip Code				
ged	orgedonegal@gma	ail.com				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
Fits G Donegal		at (<u>954</u>	892-1928			
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:						
■ \$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)			
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building Recutive Center Circle ssee, FL 32301			

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 FEB 24 PM 3:01

SECRLIARY OF STATE

FD TRANSPORT SERVICE INC.	17	ALLAHASSE	T' . FOME
(Name of Corporation as currently filed with the Flori	da Dept. of State)		-
P14000003535			_
(Document Number of Corporation (if kn	own)		
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> s Articles of Incorporation:	rida Profit Corporation add	pts the followin	g amendment(s)
. If amending name, enter the new name of the corporation:			
			_The new
ame must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co" ord "chartered," "professional association," or the abbreviation "P.A. Enter new principal office address, if applicable:	. A professional corporati	ated" or the a ion name must	bbreviation contain the
Principal office address <u>MUST BE A STREET ADDRESS</u>)	· · · · · · · · · · · · · · · · · · ·		-
-			_
_			-
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			•
-			-
-			_
. 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 of fice address:			
Name of New Registered Agent			
(Florida street a	(ddress)		
New Registered Office Address:	, Florida		_
(City)		(Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar with	and accept the obligations	of the position	
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)

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>	John Doe				
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	DONEGAL, DAWN	8686 TALLY HO LANE			
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
 1						
L∧dd						
Remove						

	sheets, if necessary).	(Be specific)			
					
					
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	<u> </u>				

	provides for an exc	<u>thange, reclassif</u> i	ication, or cancel	lation of issued sl	<u>iarės,</u>
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n amenament ovisions for im (if not applic	abie, indicate NA)				
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ovisions for im	abie. indicate N/A)			-	
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APPRUVED A**N**U FILED

The date of each amendment(s) adoption	on. 02/15/2014	14 FEB 24	PM 3: 01	, if other than the
date this document was signed.		SECRLTARY FALL AHASS	COF STATE EELFLORIDA	If other man the
Effective date <u>if applicable</u> :	(no more than 9	00 days after amendn	ent file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. Thent for approval.	e number of votes car	st for the amendment(s)	
The amendment(s) was/were approve must be separately provided for each	d by the shareholders thr voting group entitled to	ough voting groups. vote separately on th	The following statement are amendment(s):	
"The number of votes cast for the	ne amendment(s) was/we	re sufficient for appro	oval	
by	(voting group)		······································	
	(voting group)			
The amendment(s) was/were adopted action was not required.	by the board of director	s without shareholder	action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators wit	hout shareholder acti	on and shareholder	
Dated 02/15/2014				
	G. DOUGGAL			
(By a direct selected, by	or, president or other off an incorporator – if in the ductary by that fiductary	te hands of a receive	officers have not been r, trustee, or other court	
Fit	z G Donegal			
	(Typed or	printed name of pers	on signing)	
Pre	esident/Owner			
	T)	itle of person signing	()	