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TO: Amendment Section

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**Division of Corporations** 

# NAME OF CORPORATION: \_\_\_\_\_ ON TIME TRANSPORT COMPANY

DOCUMENT NUMBER: P14000057130

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

Please return all correspondence concerning this matter to the following:

Regina Rabitaille, Esq.

Nelson Mullins

Firm/ Company

Name of Contact Person

390 N. Orange Ave. Ste. 1400

Address

Orlando, Florida 32801

City/ State and Zip Code

rlanza77@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Rabitaille, Esq.	at ( 407)	839-4200
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 S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

# FILED

## 2021 FEB -8 AM 8: 33

### ON TIME TRANSPORT COMPANY

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P14000057130

# (Name of Corporation as currently filed with the Florida DepelarSta@F STATE TALLAHASSEE, FL

(Document Number of Corporation (if known)

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:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "lnc.," 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 <u>MUST BE A STREET ADDRESS</u>)

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

(Florida street address)

New Registered Office Address: \_\_\_\_\_

(Cirv)

(Zip Code)

\_\_\_\_\_, Florida\_

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

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

The new

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)

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Example:

Please note the officer/director title by the first letter of the office title:

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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 Doc 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.

X RemoveVMike JonesX AddSVSally Smith	<u>Addres</u> s
	Address
	Address
<u>Type of Action</u> <u>Title</u> <u>Name</u> (Check One)	
L)Change SECMeConnell, D:	ile, Mr. 1919 W 1st St.
Add	Sanford, FL 32771
X Remove	·····
2) Change	
Add	
Remove 3 ) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
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Remove	
6) Change	
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Attach <i>additional sheets, if necessary).</i>	<u>icles, enter change(s) h</u> (Be specific)			
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate NZ4)	<u>tange, reclassification,</u> ndment if not containg	or cancellation of iss ed in the amendment	<u>med shares,</u> itself:	

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provisions for im	plementing the amend ble, indicate N/A)	iment if not cont	<u>tined in the amen</u>	<u>dment itself:</u>	
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, if other than the

					adoption:	-
date	this do	cument	was s	igned.		

Effective date if applicable:

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(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes east 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

bv:	······································
<u> </u>	(voting group)
	DatedA.1.2(.21
	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)
	Paul A. Lanza

(Typed or printed name of person signing)

President

(Title of person signing)