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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|--|--|--|--|--|--|
| SUBJECT: Happenstance Tr | rucking Co | | | | |
| DOCUMENT NUMBER: P150000289 | • | | | | |
| The enclosed Articles of Correction and fee | are submitted for filing. | | | | |
| Please return all correspondence concerning | this matter to the following: | | | | |
| Dennis A. Smith | | | | | |
| Name of Contact Person | | | | | |
| Happenstance Trucking | Co | | | | |
| Firm/Company | A-4.40 | | | | |
| 394 SW 60th Street Road, | Apt 10 | | | | |
| Gainesville, FL 32607 | | | | | |
| City/State and Zip Code | | | | | |
| | | | | | |
| E-mail address: (to be used for future annual repo | ort notification) | | | | |
| For further information concerning this mat | ter, please call: | | | | |
| Dennis Smith | ₃₁ ,305 ,619-9290 | | | | |
| Name of Contact Person | Area Code & Dayime Telephone Number | | | | |
| | | | | | |
| Enclosed is a check for the following amount | nt: | | | | |
| ■ \$35.00 Filing Fee | | | | | |
| □ \$43.75 Filing Fee & Certified Copy □ \$52.50 Filing Fee, Certificate of Status & Certified Copy | | | | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | | |
| Eminimation to a contract | Tallahassee, FL 32301 | | | | |

Articles of Amendment

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| 2019 AFR 29 | 9 AM 11: 12 |
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| to | 2015 15 |
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| Articles of Inco | THE TOTAL PROPERTY OF THE PROP |
| Hawkornala | MCE THE CLEANS CO. |
| (Name of Corporation as currently | filed with the Florida Dept. of State) |
| | |
| (Document Number of | Corporation (If known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | _ |
| name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation ". | Co". A professional corporation name must contain the P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 7755 NC 2151 Avenue Doala, fl 34479 |
| C. <u>Buter new mailing address. If applicable;</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | PO Box 14153 Plantation fl 33318 |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ess in Florida, enter the pame of the |
| Name of New Registered Azeni 7755 ILC 1 (Florida str | 1 St Avenue, Coula fl. 34479 |
| New Registered Office Address: Plata | (City) Florida 34479 (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar s | i. with and accept the obligations of the position. |

Signature of New Registered Agent, if changing

| address of bach Officer and/o (Attach additional sheets, if neo Please note the officer/director P = President; V = Vice President; Executive Officer; CFO = Chi- held. President, Treasurer, Directory, Changes should be noted in the | r Director be cessary) title by the fil dent; T= Trea lef Financial (ector would be e following mo be corporation | ing added: surer; S= Secretary; D= Director; TR= Tr Officer. if an afficer/director holds more to e PTD. anner. Currently John Doe is listed as the I s, Sally Smith is named the V and S. These s | director being removed and title, name, and sustee; C = Chairman or Clerk; CSO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change, | | |
|--|---|--|--|--|--|
| X Change PT | PT John Doe | | | | |
| X Remove Y | Mike Jos | 163 | | | |
| _X Add SY | Sally Sm | ith | | | |
| Type of Action Title (Check One) | le | Name | Address | | |
| 1) Change | <u>/</u> | Chesun Smith | 7755 NC 218 Avenue Orala, f-1 34479 | | |
| Remove | | | | | |
| 2) | <u> </u> | Dekus (Smith | 1-155 Kle 1184 Avenue Ocala, fl 34479 | | |
| Remove | | | | | |
| Add | | | | | |
| Remove | · | | | | |
| Add Remove | | | | | |
| 5) Change | | | · · · · · · · · · · · · · · · · · · · | | |
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| 6) Change | | | | | |

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| The date of each and date this document w | endment(s) adoption: as signed. | Nach & | 2019 | if other then the |
|---|---|--|---|--|
| Effective date f apr | licable: | | | |
| • | | (no more than 90 days | after amendment file date |) |
| Note: If the date ins document's effective | erted in this block doe date on the Department | es not meet the applicable : t of State's records. | statutory filing requirement | ts, this date will not be listed as th |
| Adoption of Amendi | ment(s) | CHECK ONE) | | |
| The amendment(s) by the shareholder | was/were adopted by to s was/were sufficient for | the shareholders. The numb or approval. | er of votes cast for the ame | endment(s) |
| The amendment(s) must be separately | was/were approved by provided for each voti | the shareholders through voing group entitled to vote se | oting groups. The following parately on the amendmen | g statement t(s): |
| | | nendment(s) was/were suffic | | |
| by | | | , n | |
| | ሰ | voting group) | | |
| The amendment(s) action was not requ | was/were adopted by thired. | he board of directors withou | it shareholder action and sh | arebolder |
| The amendment(s) action was not requ | was/were adopted by thired. | he incorporators without she | reholder action and shareh | old er · |
| Date | <u> </u> | | | |
| Sign | ature . | | | |
| Ü | (By a director, pro selected, by an in- | esident or other officer - if a acorporator - if in the hands ary by that fiduciary) | directors or officers have n of a receiver, trustee, or ot | ot been her court |
| | <u>G</u> | Derus (| | |
| | • | (Typed or printed same of | person signing) | |
| • | [6 | 12/ | | |
| | | (Title of perso | n signing) | • |