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DATE:

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NAME:

NORTH ATLANTIC LEASING, INC.

TYPE OF FILING: AMENDMENT

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: NORTH ATLANTIC LEASING, INC. DOCUMENT NUMBER: P15000079036 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JACKIE BILLARD Name of Contact Person ARENT FOX LLP Firm/ Company 800 BOYLSTON STREET, 32ND FLOOR Address BOSTON, MA 02199 City/ State and Zip Code kkellaway@roadone.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (617) 973-6185

Area Code & Daytime Telephone Number JACKIE BILLARD Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fce & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Articles of Amendment Articles of Incorporation

NORTH ATLANTIC LEASING, INC.			
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	_	
P15000079036			
(Document Number	r of Corporation (if known)	-	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)	Ю.	
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporal" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	" "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	c/o FIRST COAST INTERMODALOGISTICS LLC		
(Principal office address MUST BE A STREET ADDRESS)	1133 BAISDEN ROAD		
	JACKSONVILLE, FL 32218		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	c/o FIRST COAST INTERMODALOGISTICS LLC		
	1133 BAISDEN ROAD		
	JACKSONVILLE, FL 32218		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	966.		
Name of New Registered Agent TRAC - THE REGISTERED AGENT COMPANY			
(Florida	street address)		
New Registered Office Address: 236 E. 6TH AVENUE,			

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.

(City)

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	<u>y Şmith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PTSD	KEN KELLAWAY	ONE KELLAWAY DRIVE
XAdd			RANDOLPH, MA 02368
Remove			
2) Change	D	H. R. BOWSER, JR.	1133 BAISDEN ROAD
Add			JACKSONVILLE, FL 32218
X Remove			
3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change	-,		
Add			
Remove			
6) Change			
Add			
Remove			

The second of the country).	icles, enter change(s) her (Be specific)		
			
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an amendment provides for an exch	ange, reclassification, or	cancellation of issu	ed shares.
	ndment if not contained	in the amendment it	self:
<u>provisions for implementing the amer</u>			
orovisions for implementing the amer (if not applicable, indicate N/A)			
<u>provisions for implementing the amer</u>			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment)	
(no more than 90 days after amendment)	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	uirements, this 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 east for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes east 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 was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
SEPTEMBER <u>25</u> , 2019 Dated	
Signature/S/ KEN KELLAWAY	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	rs have not been tee, or other court
KEN KELLAWAY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	