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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PROFLEX AUTO	TRANSPORT INC	
DOCUMENT NUM	P15000087861		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	KIMBERLY RODRIGUEZ		
		Name of Contact Perso	on
	CARRIER SERVICE INC		
		Firm/ Company	
	20915 NW 2ND AVE		
	·	Address	·
	MIAMI, FL 33169		
		City/ State and Zip Coo	de
LOI	JISERIE22@YAHOO.COM		
<del></del>	<del>-</del>	sed for future annual repor	t notification)
•			
For further informati	on concerning this matter, pleas	se call:	
KIMBERLY RODRIGUEZ		at (	652-9990
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:
S35 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)
An Div P.C	neiling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amen Divisi Clifto	Address  dment Section  on of Corporations  n Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

of HTC

PROFLEX AUTO TRANSPORT INC		15 1'04 12 Fil 1: 34
( <u>Name of Corporat</u>	ion as currently filed with the Flor	
P15000087861		STATE FLAVA
(Docur	ment Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this Florida Profit Corpe	oration adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	o," "Inc," or "Co". A professiona	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u> )	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
•		
S. 16		
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>		r the name of the
Name of New Registered Agent		
	(Florida street address)	
	(F10riua sireet aaaress)	
New Registered Office Address:	(City)	, Florida
	(Cny)	(Zip Coue)
New Registerea Coffice Adaress:	(City)	, Fiorida(Zip Code)
New Registered Agent's Signature, if changing Reg	vistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the o	bligations of the position.
	·	
Sign	nature of New Registered Agent, if cl	haneine

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> <u>Jol</u>	hn Doe			
X Remove	<u>V</u> <u>Mi</u>	Mike Jones			
X Add	<u>SV</u> <u>Sa</u>	lly Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	P	KESHA HALL	2353 13TH ST S		
Add X Remove			SAINT PETERSBURG, FL 33705		
2) Change	P	SHELLIAN A FOLKES	2353 13TH ST S		
X Add			SAINT PETERSBURG, FL 33705		
Remove					
3) Change		·	·		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		-			
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional shee	g additional Artic	Re specific	e(s) Here.		
·	is, ij necessary).	(be specific)			
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f an amendment pro	vides for an excha	inge, reclassifica	tion, or cancella	tion of issued shar	res,
provisions for implementation (if not applicable)	nenting the amen	ament if not coi	ntained in the am	enament itseit:	
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* ( )	11/3/15	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
· · · · · · · · · · · · · · · · · · ·	1/3/15	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were aby 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):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(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	
- 11/11/15 ' Dated		
Signature	Eple louis	
(By selection)	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 inted fiduciary by that fiduciary)	
	ERIC LOUIS	
•	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	