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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WOOSTER CUSTOM TRANSPORTATION, INC			
DOCUMENT NUMBER: DOCUMENT TRACKING # 200286376582			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
KATHY WOOSTER			
Name of Contact Person			
WOOSTER CUSTOM Transport, INC			
Firm/ Company			
245 OHIO RD			
Address			
LAKE WORTH, FL 33467			
City/ State and Zip Code			
KATEWOO @ ATT. NET			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kathy WOOSTER at 561, 718-2965			
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy			
is enclosed) Mailing Address Street Address			

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 Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

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of	and the state of t
WOOSTER LUSTOM TRANSPORTATHE	
(Name of Corporation as currently filed with the Florida Depts of St	ate); . String or is no
	Q AS DE PERMIDA
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	ne following amendment(s) to
A. If amending name, enter the new name of the corporation:	
WOOSTER CUSTOM TRANSPORT, 1	NC The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated"	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation n	ame must contain the
word "chartered," "professional association," or the abbreviation "P.A."	
N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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	<u>!¢</u>
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a
(City)	(Zip Code)
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.
α / Δ	
	<u> </u>
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 <math>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.

X Change	PT John Doe		
X Remove	V Mike Jones	i	
X Add	SV Sally Smith	1	
Type of Action (Check One)	<u>Title</u> <u>Na</u>	<u>ame</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	# · _		
Add	,		
Remove			
4) Change			
Add			
Remove			
5) Change	 /	/	
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary). (Be specific)
<u>-</u>	
<u> </u>	
provisions for in	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself: tible, indicate N/A)
provisions for in	plementing the amendment if not contained in the amendment itself:
provisions for in	plementing the amendment if not contained in the amendment itself:
provisions for in	plementing the amendment if not contained in the amendment itself:

The date of each amendment(s) adoption	6/2	2016	, if other than the
date this document was signed. Effective date if applicable:	NA		
	(no more than 90	days after amendment file	rdate)
Note: If the date inserted in this block document's effective date on the Departme		able statutory filing require	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The a for approval.	number of votes cast for th	e amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes cast for the	amendment(s) was/were	sufficient for approval	
by	(voting group)		
The amendment(s) was/were adopted by action was not required.	y the board of directors w	without shareholder action	and shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators witho	out shareholder action and	shareholder
Dated 62	2016	<u></u>	
a:	a)_	1	
Signature (By a director,	president or other office	er – if directors or officers	have not been
selected, by an	n incorporator - if in the	hands of a receiver, truste	
аррониев пос	iciary by that liduciary)	17	
	MATHY	WOSTER	
	(Typed or printed na	ame of person signing)	
	S/	7	
	(Title of	f person signing)	