P16000072662

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP	(Address)
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	. AMERICAN	VETERAN TRU	CKING, INC.	
NAME OF CORPORATION: AMERICAN VETERAN TRUCKING, INC. DOCUMENT NUMBER: P16000072662				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence	e concerning this matte	er to the following:		
	ROREDT DA	UE DIFE		
	ROBERT DAN	Name of Contact Per	rson	
A	MERICAN Ve	TERAN TRUCK	KING, INC.	
		Firm/ Company		
4,	221 FRASIEN	e LAWE		
		Address		
_ <i>P</i>	ACE FLO	rida 325	Code	
		City/ State and Zip C	Code	
AVT A	4221 <u>0)6m4</u> nail address. (to be used	COM. d for future annual rep	ort notification)	
For further information concern	ning this matter, please	call:		
ROBERT D.	RIFE	at (850	313-3176.	
Name of Contac	t Person	Area	Code & Daytime Telephone Number	
Enclosed is a check for the foll	owing amount made pa	yable to the Florida D	epartment of State:	
□ \$35 Filing Fee	43.75 Filing Fee & ertificate of Status	\$43.75 Filing Fee & Gertified Copy (Additional copy is enclosed)		
Mailing Add	lress	Str	eet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

AMERICAN VETERAN TRUCKING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000072662

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporat	don:	
	poration," "company," or "incorporated" or the abbreviation," or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	4221 FRASIER LANE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>) PACE FL . 32571	
	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4221 FRASIER LANE	
	PACE FL. 32571	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent		П
. (Flo	orida street address)	
New Registered Office Address:	Florida So	ח כ
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		
Signature of	f 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 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	<u>Y</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Address</u>
1) X Change	OWNER (EO DONALD H. RIFE	4936 Jennifer LANE
Add	1	PACE, FL. 32571
Remove		·
2) Change	OWNERKED JESSICA E. RIFE	ede. 4936 4221 FRASIER CANE
_X Add	·	PACE FL. 32571
Remove		
3) Change	COO THOMAS THOMSON	30 BISHOP AVE NW
Add		FORT WALTON BEACH
Remove		FL. 32548
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		41
6) Change		***************************************
Add		
Remove		

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	, if other than the
uate this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, 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. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficient	• •
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without saction was not required.	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharel action was not required.	older action and shareholder
Dated 10 FEB 2017	
Dated 10 FEB 2017 Signature Published PM	
Signature	NAME OF THE PARTY
(By a director, president or other of Neer – if dir selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
KOBERT DAN	E RIFE.
(Typed or printed name of p	
CEO JOWNE	Resigning)
Title of person	signing)

· . . . ;