P1700000084

(Re	equestor's Name)	
(Ac	fdress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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SECRETARY OF STATE

C. GOLDEN

JUL - 9 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: APW	Trucking Inc.
NAME OF CORPORATION: <u>APW</u> DOCUMENT NUMBER: <u>P170000</u>	00684
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Vince	Name of Contact Person
AP	Name of Contact Person W Tive/King Inc Firm/ Company
	Masilmas St.
Port Sain	Hucic, Fla 34953
	City/ State and Zip Code
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:
Vincent Williams	at (<u>786</u>) <u>256-5268</u> Area Code & Daytime Telephone Number
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 S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clitton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301



June 12, 2018

VINCENT D. WILLIAMS 3626 SW MASILUNAS STREET PORT ST. LUCIE, FL 34953

SUBJECT: A P W TRUCKING INC Ref. Number: P17000000684

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 918A00012228

PECCENTED

18 JUL -3 PH 1:53

18 JUL -3 PH 1:53

SECRITARY OF STATE

FALL ALLASSEE.

Articles of Amendment to

FILED

•	Articles of Inco	rporation	***	
1011 -	of T. L	T	2018 JUL -	5 AMII: 5
- MIN /	rucking.	Lnc	Dept. of State LAHAS	RY OF STAT
	17000000	med with the Piorios	LAHAS	SEE.FLORI
		1684 Corporation (if known)		
Pursuant to the provisions of section 607,1006, FI ts Articles of Incorporation:	iorida Statutes, this <i>F</i>	lorida Profit Corporal	ion adopts the following a	imendment(s) t
A. If amending name, enter the new name of the	he corporation:			
name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "C	Corp." "Inc." or "C	o". A professional co	corporated" or the abb	the new reviation ntain the
word "chartered," "professional association," or	r the abbreviation "P	С.А. ¹¹		
3. Enter new principal office address, if applic	cable:			
Principal office address <u>MUST BE A STREET.</u>	ADDRESS)			
				. —
			, <u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY)			
(<u>. 1107.1</u>)			
				
		_	<u> </u>	
o. If amending the registered agent and/or reg	istered office addre	ss in Florida, enter th	e name of the	
new registered agent and/or the new registe	ered office address:			
Name of New Registered Agent				
	(Florida stree	rt address)		
New Registered Office Address:	71.1.		, Florida	
	((Tuy)	(Zip Cod	te)
iew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: ont. I am familiar wi	th and accept the oblig	ations of the position.	
	Signature of New Res	gistered Agent, if chang	ging	

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>Johr</u>	<u>l Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		Courte Whiley	3636 SW Masilunas So Post St. Lucie Fla.
🗶 Add		, ,	Port St. Lucie Fla.
Remove			34953
2) Change	<u> </u>	Paul Dasley	3626 Sul Masilinas ST
Add			Port St. Lucie Fla.
X Remove			3495.3
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional she	ng additional Ar ets, if necessary)	. (Be specific	<u></u>			
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f an amendment pro	vides for an exc	hange, reclassi	ification, or car	ncellation of is	sued shares,	
provisions for imple (if not applicable	menting the ame	endment if not	contained in th	he amendmen	t itself:	
(y no cyymeno)	· ····································					
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, <u></u>						
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				- <u>-</u> -		
						

The date of each amendment(s) adoption:	, if other than the
The date of each amendment(s) adoption: June 25, 2019	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wideoument's effective date on the Department of State's records.	ill 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 the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast 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 and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Vincent D. Williams	
(Typed or printed name of person signing)	
(Title of person signing)	