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JUN 1 5 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOLLOWAY LO	GISTICS CO			
	BER: P17000011878				
The enclosed Articles	s of Amendment and fee are so	abmitted for filling.			
Please return all corre	espondence concerning this ma	atter to the following:			
	JASON C HALL				
		Name of Contact Person			
	HALLOWAY LOGISTICS	СО			
		Firm/ Company			
	7944 JUNIPER STREET				
		Address			
	MIRAMAR, FL 33023				
		City/ State and Zip Code			
HAI	LOWAYLOGISTICSCO@G	MAIL.COM			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
JASON C HALL		at (954	593-2178		
Name	of Contact Person	at (954) 593-2178 Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depar	rtment of State:		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amendi Division Clifton	Address nent Section n of Corporations Building secutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ю

ИОН	1 (AWC	VΙ	OGI	CTI	CS	CO

(<u>Name</u>)	of Corporation as curr	ently filed with the Florid	da Dept. of State)		
P17000011878					
	(Document Numb	er of Corporation (if know	m)		-
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corpor</i>	ation adopts the follow	ing amen	dment(s
A. If amending name, enter the new na HALLOWAY LOGISTICS CO	ame of the corporation	Ŀ		71	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." c	or "Co". A professional			tion
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A			
) • [] []	-3;	_ _
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	N/A		: .	· -,,	
				•	•
D. If amending the registered agent an new registered agent and/or the new			the name of the		
Name of New Registered Agent	N/A		-		
	(Floride	ı street address)			
New Registered Office Address:	N/A	, Florida		_	
		(City)	(Zi)	n Codes	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			ligations of the position		
	Signature of Ne	w Registered Agent, if cha	moino	_	

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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Romovo			

	lditional sheets.	idditional Artic if necessary).	(Be specific)					
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<u>l an ame</u>	ndment provid	les for an excha	nge, reclassif	ication, or ca	ncellation of i	ssued shares,		
<u>provisio</u> i (if n	as ior impieme ot applicable, in	nting the ameno	<u>iment ii not c</u>	<u>:ontained in 1</u>	ne amendmen	it itself:		
, , , , , , , , , , , , , , , , , , ,	or approximate, m							
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			 _		_			

The date of such and subsequently a	N/A	ie de de de
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	ne will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(fficient for approval.	s)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
byN/A	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
JUNE 5, 20 Dated)17	
Signature 03	on C. Hell	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	JASON C HALL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	