P1700033767

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2018 JUL -5 PM 4: 35
SECRETARY OF STATE

C. GOLDEN JUL - 9 2013

COVER LETTER

Division of Corporations NAME OF CORPORATION: DTE LOGISTICS DOCUMENT NUMBER: P1700028767 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cunningham
Name of Contact Person 11291 Horts rd 2109
Address Jacksonville, FL 32218
City/State and Zip Code E-mail address: (to be used for future abrual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 Articles of Incorporation

FILEL

2018 JUL -5 PM 4: 35

-OGISTICS INC (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE. FLORIDA

P17000128767	TALLAHASSEE, I
P17000028767 (Document Numb	her of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation	<u>n:</u>
N/A	$Th_{C} = n_{C}w$
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbreviat	The new ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	address in Florida, enter the name of the dress:
Name of New Registered Agent N/	
(Floria	da street address)
New Registered Office Address: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
New Registered Office Address. 1974	, Florida
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	
Signature of N	'ew 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.

Example: X Change	<u>PT</u>	John D	<u>oc</u>	
X Remove	<u>v</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s 11291
1) Change	CEC	<u>></u>	Dorren Comingham	Harts rd
X_ Add				2109
Remove				Jacksonville, FL 32212
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Arti (Altach additional sheets, if necessary).	<u>icles, enter change(s) here:</u> (Be specific)
NA	
	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption: _	N/A	, if other than the
date this document was signed.		
Effective date if applicable: N/A		
	tno more than 90 days after amendment	file date)
Note: If the date inserted in this block does document's effective date on the Department		quirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK <u>ONE</u>)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		or the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votil	the shareholders through voting groups. The ng group entitled to vote separately on the a	
	nendment(s) was/were sufficient for approva	
by	voting group)	
()	coting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder act	ion and shareholder
☑ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action a	and shareholder
Dated	29-18 S.L. Su.	
(By a director, pr selected, by an in	esident or other officer – if directors or officencorporator – if in the hands of a receiver, truity by that fiduciary)	
Da	rcen Condingham (Typed or printed name of person signing)	7
	CEO (Title of person signing)	