Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Comporations

Fax Number : (850)617-6380

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : 120170000039 Phone : (407)301-2659 Fax Number : (407)846-0320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN **DOUBLE R TRUCKS INC** 

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Corporate Filing Menu

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12/26/2017

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tion (if known)	
Profit Corporation adopts the following amendment	l(s) to
The new ipuny," or "incorporated" or the abbreviation professional corporation name must contain the	
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, Florida	
(Zip Code)	
	professional corporated or the abbreviation professional corporation name must contain the pride, enter the name of the many o

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; CFO = Chief Fxecutive 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 us 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	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Nume O O O	<u>Address</u>
1) Change	<u>P</u>	Robert P. Roman	13814 Osprey Nest Lane
^dd Remove			Orlando FL 32837
2) Change	<u>P</u> _	Robert J. Roman	13814 Osprey Nest Lane
Add Remove			#35 Oxlando H. 32837
3) Change			
Add			
4) Change			
Add Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(He specific)	
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an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nance, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
<del></del>		

The date of each amendment(s) adoption:    D 26   17  , if other than the
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 east for the amendment(s) was/were sufficient for approval
(voling group)
(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 12/26/17
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)
Robert J Roman
(Typed or printed name of person signing)
President
(Title of person signing)