## P17000059714

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
| (Ac                     | idress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL.     |
| (Bı                     | usiness Entity Nan | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    | <u>-</u>  |
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## COYERLETTER

|                       | PRATION:   |  | ransport  | SIN                                     |
|-----------------------|--|--|---|---|
|                       | Erika Davis  |  |   |   |
|                       |  | Hame of Contact Person   | 0   |   |
|                       | Hillmon Transports Inc                                       |  |   |   |
|                       |  | Firm! Company  |   |   |
|                       | 400 BW 1st Avenue Butto                                      |  |   | 9                                       |
|                       | Ocala Florida 34478  | Addiess  |   | SE VIS                                  |
|                       |  | City/ Blate and Zip Cod  | e   | ST SE                                   |
| erik                  | adavis352@gmall.com  |  |   | 23 - 122                                |
| <del></del> -         |  | sed for future annual report                                       | pradication)  | 7 O O O O O O O O O O O O O O O O O O O |
| Por further informati | ion concerning this matter, plea                             |  |   | Y OF STATE                              |
| Erika Davis           | <del>_</del>   | # ( <u>502</u>   | 0505579   | <del></del>                             |
| Nam                   | e of Contact Person  | Area Co  | de & Daytime Telephone Humber   |   |
| Enclosed is a check   | for the following amount made                                | payable to the Florida Dep   | artment of Busic;   |   |
| \$35 Filing Fee       | ☐\$43.75 Filing Fee & Certificate of Status                  | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ 1852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |   |
| Az                    | alling Address<br>nendment Bection<br>vision of Corporations | Amen   | Aldrens<br>Ament Bection<br>on of Corporations  |   |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| P17000059714   |   |                                       |
|--|---|---------------------------------------|
| (Document Number of Corporati  | on (if known)                               |                                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:  | rofit Corporation adopts the following amer | idment(s) (                           |
| A. If amending name, enter the new name of the corporation:  |   |                                       |
|  | The   | new                                   |
| name must be distinguishable and contain the word "corporation," "comp" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A pword "chartered," "professional association," or the abbreviation "P.A." | pany," or "incorporated" or the abbrevio    | ation                                 |
| B. Enter new principal office address, if applicable:  |   |                                       |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   | 3                                     |
| <del></del>  | 17  | <b>一弦约</b>                            |
|  | ייט<br>פרי                                  | <u> 오</u> 품                           |
| C. Enter new mailing address, if applicable:   |   | ? <del>.</del>                        |
| (Mailing address MAY BE A POST OFFICE BOX)   | ھ،<br>==                                    | —S <sup>#</sup> 6                     |
|  | - P   | 3200                                  |
|  | <u> </u>                                    | —\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
|  | <del></del> <del></del>                     | 一言語                                   |
| D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:  | rida, enter the name of the                 | HS                                    |
| Name of New Registered Agent   |   |                                       |
|  |   |                                       |
| (Florida street address,   | <del>,</del>                                |                                       |
| New Registered Office Address:   | . Florida                                   |                                       |
| New Registered Office Address. (City)  | (Zip Code)                                  | _                                     |
|  |   |                                       |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.                                   | ecept the obligations of the position.      |                                       |
|  |   |                                       |

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 Do     | <u>oe</u>     |                               |
|-------------------------------|-----------|-------------|---------------|-------------------------------|
| X Remove                      | <u>v</u>  | Mike Jo     | <u>ones</u>   |                               |
| X Add                         | <u>sv</u> | Sally St    | <u>míth</u>   |                               |
| Type of Action<br>(Check One) | Title     |             | <u>Name</u>   | <u>Addres</u> s               |
| 1) Change                     | PRES      | 31DEN T     | TERRY HILLMON | 400 SW 1ST AVENUE SUITE 60 62 |
| X Add                         |           |             |               | Ocalq, FL 34478               |
| Remove                        |           |             |               |                               |
| 2) Change                     |           | <del></del> |               |                               |
| Add                           |           |             |               |                               |
| Remove                        |           |             |               |                               |
| 3) Change                     |           |             |               |                               |
| Add                           |           |             |               |                               |
| Remove                        |           |             |               | <del> </del>                  |
| 4) Change                     |           | _           |               |                               |
| Add                           |           |             |               |                               |
| Remove                        |           |             |               |                               |
| 5) Change                     |           | _           |               |                               |
| Add                           |           |             |               |                               |
| Remove                        |           |             |               | <del></del>                   |
| 6) Change                     |           |             |               |                               |
| Add                           |           |             |               |                               |
| Remove                        |           |             |               |                               |

| ttech <i>additional shee</i> | z additional Articles, enter change(s) here:  s, if necessary). (Be specific)  |   |
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| <del>- 20</del> 2            | t theory   |   |
| 40                           | amend ment.  |   |
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| an amendment pro             | vides for an exchange, reclassification, or cancellation of issued shares, menting the amendment if not contained in the amendment itself: |   |
| if not applicable            | indicate N/A)  |   |
| (y noi approach              | ,,   |   |
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| The date of each amendment(s) adoption:  | , if other than th  |
|--|---------------------|
| 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 no document's effective date on the Department of State's records.   | ot be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)  |                     |
| (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 chareholder 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 fidiciary by that fiduciary)  (Typed or printed name of person signing) |                     |
| (Title of person signing)  | <del></del>         |