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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: J.E DRIVER SERV	VICES, INC	
DOCUMENT NUM	BER: P17000040060	1 XAT	5:82-2555689
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	NIKKI ESPINAL		
		Name of Contact Perso	on .
	J.E DRIVER SERVICES, IN	C	
		Firm/ Company	
	9977 CHIANA CIR		
		Address	
	FORT MYERS FL 33905		
City/ State and Zip Code		le .	
For further information	on concerning this matter, pleas		
NIKKI ESPINAL		at (	9944627 ode & Daytime Telephone Number
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	
I diluitussee, I L 52517			nassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation

Add +AX ID: 82-2555689

J.E DRIVER SERVICE, INC	"Phease And 82-233
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P17000070060	
(Document Num	ber 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 amendment(s) t
A. If amending name, enter the new name of the corporatio	<u>n:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	address in Florida, ente <u>r the name of the</u>
new registered agent and/or the new registered office ad	
Name of New Registered Agent	
	AST I
(Flori	ida street address)
New Registered Office Address:	, Florida 卫克里 〇
	(City) (Zip Qip) 4: 27
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fam.	iliar with and accept the obligations of the position.
Signature of N	New 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P	JEMYS R ALEMAN	9977 CHIANA CIR	
X Add			FORT MYERS FL 33905	
Remove				
2) X Change	VP	JUAN C ESPINAL	9977 CHIANA CIR	
Add			FORT MYERS FL 33905	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
····	
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<del>_</del>	
· · · ·	
· <u>-</u>	
f an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
, a.e.	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
<b>Note:</b> If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CI	HECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by(vo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(vo	ning group)
action was not required.	board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
action was not required.	incorporators without materiolider action and snareholder
10/09/2017 Dated	
Signature 🗡	
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
NIKKI ES	PINAL
	(Typed or printed name of person signing)
VICE PRE	SIDENT
	(Title of person signing)