## P170000 92116

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	CT & T TRANSPO	ORT		
DOCUMENT NUME	BER: P17000092116			
The enclosed Articles	of Amendment and fee are sub	omitted for fili	ng.	
Please return all corres	spondence concerning this mat	ter to the follo	wing:	
	VICTORIA WILLIMS			
		Name of Co	ontact Person	
	CT & T TRANSPORT			
		Firm/ (	Company	
	701 COUNTRY LANE			
		Ad	dress	
	WINTER HAVEN, FL 3388	1		
		City/ State	and Zip Code	:
V.WII	LLIAMS@CTT-TRANS.COI	м		
	E-mail address: (to be us	ed for future a	nnual report i	notification)
For further information	n concerning this matter, pleas	e call:		
VICTORIA WILLIAM	at e	863	875 9547	
Name (	Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made r	payable to the	Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified (Additional enclosed)	Copy il copy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section				Address
Ame Divi	Amendment Section Division of Corporations			
P.O.	Clifton Building			
Tall	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P17000092116	, , , , , , , , , , , , , , , , , , , ,
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1305
	WINTER HAVEN, FL 33882
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) . Floride (Zipande)
	AR ≥ T
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nti: r with and accept the obligations of the position to the control of the position to the control of the con
Signature of 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.

X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	CEO	CD WILLIAMS	701 COUNTRY LANE	
Add			WINTER HAVEN, FL 33881	
X Remove				
2) Change	CFO	SKS LOGISTICS INC	409 Montgomery Rd	
Add			Altamonte Springs, FL 32714	
X Remove				
3) X Change	CEO	VICTORIA WILLIAMS	701 COUNTRY LANE	
Add			WINTER HAVEN, FL 33881	
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ets, if necessary).	(ве ѕресілс)			
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n amendment pr	ovides for an exc	hange, reclassific	ation, or cancellat	on of issued share ndment itself:	<u>s.</u>
ovisions for imple	ementing the amo	hange, reclassific endment if not co	ation, or cancellat ntained in the ame	on of issued share ndment itself:	<u>s.</u>
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ovisions for imple	ementing the amo	hange, reclassific endment if not co	ation, or cancellat	on of issued share ndment itself:	<u>\$.</u>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
7/23/201 Dated	A Williams	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
aj pro-	VICTORIA WILLIAMS	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	