## P18000004950

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ERN'D HARD TRUCKING, INC. DOCUMENT NUMBER: P180000 4950 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHAWN M. CHALIFOUR
Name of Contact Person ERIND HARD TRUCKING, INC. 125 BEGONIA ST. WECBOURNE FL. 30935
City/ State and Zip Code GRINSHARSTRUCKING 321 @ SMAIL COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHAWN CHALIFOUN at (561) 388-7548

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

or incorporatio of

GRIND HARD TRUC	KING, INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
71800000 4950	
P180000 4950 (Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ 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 "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	3
	10:
C. Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	·
	P
	<del></del>
	<del></del>
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and against he obligations of the position
т петену ассерь те арринитет из техняется ихет. Тит затиш мі	an and accept the configurous of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 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	AVP	JULIANNA Julian	125 BEGONIA. ST. MELBOURNE, FL. 32935
Add			MELBOURNE, FL. 32935
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			•
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

ADDING	OFFICIAL	PHONE	NUMBER:	(321) 272	-9151	
ADDING	OFFICIAL	E-MAIL	ADDRESS	: grindha	rdtruckin	9321@gmail
			<del></del>			
provisions	dment provides for a for implementing to applicable, indicate is	<u>he amendment</u>				
			·	<u> </u>		
						<del></del>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date	ν)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shared action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature Start Lacyforgo  (By a director, president or officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	e not been other court
SHAWN M. CHAUFOUY (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	··