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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OVERLAND AUT	TO TRANSPORT, INC	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JONATHAN BUNTE		
		Name of Contact Person	n
	CPA SOLUTIONS, INC.		
		Firm/ Company	***************************************
	4037 AVALON PARK EAS	T BLVD	
		Address	
	ORLANDO, FL 32828		
		City/ State and Zip Cod	e e
JONA	.THAN@MYCPASOLUTIO	NS.COM	
	<u> </u>	sed for future annual report	notification)
For further information	eoncerning this matter, pleas	se call:	
JONATHAN BUNTE		at (<u>407</u>	650-9088
Name o	Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, Ft. 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OVERLAND AUTO TRANSPORT, INC.

OVERLAND AUTO TRANSPORT, INC.		
(Name of Corporation as current)	y filed with the Florida Dept. of State)	
P18000012810		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s'
A. If amending name, enter the new name of the corporation:		
		The same
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must c	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u>- 평</u> 첫
	·	
		2
D. If amending the registered agent and/or registered office addi		黑
new registered agent and/or the new registered office address	<u>:</u>	6: 13 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3
Name of New Registered Agent		
		``;
(Florida str	eet address)	-
New Registered Office Address:	, Florida	
	(City) (Zip C	Tode)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s	with and accept the obligations of the position.	-
Signature of New R	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 Doe		
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	D	ELLIOT HUMBLE	817 TROON CIRCLE	
XAdd			DAVENPORT, FL 33897	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove			·	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			 -	
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Attach additional sheets, if necessary).	ticles, enter chango(s) here: (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:			
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(if not applicable, indicate N/A)	provisions for implementing the ame	ndment if not contained in the amendment itself:	
	116 11 11 11 11 11		
	(if not applicable, indicate N/A)		
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	(if not applicable, indicate N/A)		
	(if not applicable, indicate N/A)		

The date of each amendment(s):	adoption:	, if other than the
date this document was signed.		
	/13/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite 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 ac by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
. —————	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
·		
09/16/19 Dated		
Signature		
(By a select	director, president or other officer – if directors or officers have not been ed. by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	THOMAS HUMBLE	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	