P180000 18065

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	are Transpertation for
DOCUMENT NUMBER: P150	0000 19045
The enclosed Articles of Amendment and f	ice are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
PRS	Name of Contact Person SC BLC Firm/ Company Ruley Circle Address City/ State and Zip Code
E-mail address: For further information concerning this mat	(to be used for future annual report notification) ter, please call:
Name of Contact Person	at (40) 923-045 Area Code & Daytime Telephone Number nt made payable to the Florida Department of State:
\$35 Filing Fee	Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

<u>Core</u> 7	transar	tetron Inc		
(Name of Corporation a	as currently file	d with the Florida Dept. of S	<u>(tate</u>)	
P1800	000180	U 5		
		poration (if known)	-	
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	atutes, this <i>Flori</i>	da Profit Corporation adopts	the following amendme	nt(s) to
A. If amending name, enter the new name of the corpo	oration <u>:</u>			
			The new	
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc," or "Co".	A professional corporation :	l" or the abbreviation	ı
word thartered, projessional association, or the also	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>:SS</u>)		7.5 (** -**) 67.4 (**)	- I §
	_		0.5	LL.
	_			1!!
C. Enter new mailing address, if applicable:			75	
(Mailing address MAY BE A POST OFFICE BOX)	_		<u> </u>	
	_			
D. If amending the registered agent and/or registered		n Florida, enter the name of	<u>the</u>	
new registered agent and/or the new registered offi	ice adoress:			
Name of New Registered Agent				
	(Florida street ac	ldress)		
New Registered Office Address:	(City,	, Flor	ida (Zip Code)	
	(Cny,	•	(z.p Code)	
No. Design of Assess Charles of the pairs Design				
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		ind accept the obligations of th	he position.	
	,	······································	·- ,	
	re of New Regist	ered 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) K Change	_P_	HCKtor u Cevallos	2205 Ango wood u
Add	× 5	Sust a missize 11 y the sident home is	Apple 51. 32712
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	(Be specific)
	
<u> </u>	
	
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f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
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provisions for implementing the ame	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:

The date of each amendment(s) ado	otion: US 128 12018	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	
	(no more than 90 days after amendment file dat	'e)
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the arcient for approval.	nendment(s)
	ved by the shareholders through voting groups. The follow th voting group entitled to vote separately on the amendm	
	r the amendment(s) was/were sufficient for approval	
by:	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shar	reholder
Dated CX 1	28/2018	
Signature	erta N Cualles	
selected,	ctor, president or other officer – if directors or officers hav by an incorporator – if in the hands of a receiver, trustee, of I fiduciary by that fiduciary)	
	Hekter D. Cevell	U ^{<}
_	(Typed or printed name of person signing)	
	(Title of person signing)	
-	(Title of person signing)	