## P18000037-047

(Requestor's Name)			
	(Address)		
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	(City/State/Zip/Phone #)		
PICK-U	○	MAIL	
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	(Business Entity Name)		
	(Document Number)		
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SECRETARY OF STATE

A. Butler

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Monster Transport Inc	
NAME OF CORPORATION: Monster Transport Inc.  DOCUMENT NUMBER: \$\frac{18000037047}{}}	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Timothy King- Name of Contact Person	
Firm/ Company  2582 Maguire Ruad # 444  Address  Ococe, Florida 04961  City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Timothy King at (407) 580-7117  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:	
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

Articles of Incorporation
M - 1 T 2021 HAR 29 PM 1. 20
(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)  P18000037047 TALLAHASSEE, FL
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
TXK Auto Transport Inc The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  ## 444  Ocuce, 7101ida, 34761
——————————————————————————————————————
Ocuce, Florida 34761
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, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered 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)

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	PT John	n Doe	
X Remove	<u> </u> <u>Mik</u>	ac Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Vρ	Kimberky King	2582 Maguire Road
_ <b>/</b> Add		Ø	1 1 1 N N/2/
Remove			Ococe, Florida 09/6,
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

(Attach ad	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
<del></del>	
16	Annual Control of the
. <u>11 an ame</u> provision	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:
(if no	ot applicable, indicate N/A)

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
<del></del>	(no more than 90 days after amendment f	île date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requestrement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors withou	t shareholder action and shareholder
	oted by the shareholders. The number of votes east for	
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 3/2 Signature (By a di	ector, president or other officer, in directors or office	rs have not been
selected	by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	Timothy KirlG (Typed or printed name of person signing)	
	President (Title of person signing)	