## P18 0000 44888

| (Re                     | equestor's Name)   | <del></del> |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ac                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bt                     | usiness Entity Nan | ne)         |
| (Dx                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    | -           |
|                         |                    |             |
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I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR  | RATION:CPT_FRANSPOR  | TINC  |  |
|---|--|---|--|
| DOCUMENT NUMI   |  |   |  |
| The enclosed Articles   | of Amendment and fee are so  | abmitted for filing.  |  |
| Please return all corres  | spondence concerning this ma   | itter to the following:   |  |
|   | Carmen R Pagan   |   |  |
|   |  | Name of Contact Person  | n  |
|   | Carmen R Pagan   |   |  |
|   |  | Firm/ Company   |  |
|   | CPT TRANSPORT INC  |   |  |
| i   |  | Address   |  |
|   | 3233 Whitley Bay Ct. Tampa   | a Florida 34638   |  |
|   |  | City/ State and Zip Cod   | ્ .  |
| ерига   | nsport18@gmail.com   |   |  |
| <u> </u>  | E-mail address: (to be u   | sed for future annual report  | notification)  |
| For further information   | n concerning this matter, pleas  | se call:  |  |
| To the second second  | remeening and matter, prea   |   |  |
| Carmen R Pagan  |  | at (  | 8587316  |
| Carmen R Pagan at (727 8587316  Name of Contact Person Area Code & Daytime Telephone Numb |  | de & Daytime Telephone Number   |  |
| Enclosed is a check fo  | r the following amount made  | payable to the Florida Depa   | artment of State:  |
| S35 Filing Fee  | ☐\$43.75 Filing Fee &<br>Certificate of Status                               | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame<br>Divi<br>P.O.   | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32344 | Amenc<br>Divisio<br>Clifton   | Address Iment Section on of Corporations i Building Executive Center Circle            |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## (Name of Corporation as currently filed with the Florida Dept. of State)

| Articles   | of Amendment to of Incorporation of  rently filed with the Florida Dept. of State)   |
|--|--|
| Articles o   | of Incorporation   |
|  | of Street Street   |
| CPT TRANSPORT INC  | The state of the s |
| (Name of Corporation as curi   | rently filed with the Florida Dept. of State)  |
| (Document Numb   | ber of Corporation (if known)  |
|  |  |
| ts Articles of Incorporation:  | this Florida Profit Corporation adopts the following amendment(s)  |
| A. If amending name, enter the new name of the corporation   | n:   |
|  |  |
|  | ration," "company," or "incorporated" or the abbreviation  |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,"<br>word "chartered," "professional association," or the abbreviati | or "Co". A professional corporation name must contain the  |
|  | 3233 Whitley Bay Ct  |
| B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )        | Land O'Lakes, Florida 34838  |
|  |  |
|  |  |
| 2. Enter new mailing address, if applicable:   | P O Box 1626   |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   | Elièrs, FL 34680   |
|  | Elicis, FL 34080   |
|  |  |
| ). 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 add  | dress:   |
| Name of New Registered Agent   |  |
|  |  |
|  | da street address)   |
| New Registered Office Address:   | , Florida, City) (Zip Code)  |
|  | i( iḥ) (Zip Code)  |
|  | (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Registered A   |  |
| I hereby accept the appointment as registered agent. I am fami   | liar with and accept the obligations of the position.  |
|  |  |
|  |  |
| Signature of Y   | Core Registered Agent it 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 = Chairmon 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                      | $\underline{V}$  | Mike Jones         |                        |
| <u>X</u> Add                  | $\underline{SV}$ | Sally Smith        |                        |
| Type of Action<br>(Check One) | Title            | Name               | Address                |
| 1) Change                     | V                | Jairo I. Atehortua | 3233 Whitley Bay Ct    |
| X Add                         |                  |                    | Land O'Lakes, Fl 34638 |
| Remove                        |                  |                    |                        |
| 2) Change                     |                  |                    |                        |
| Add                           |                  |                    |                        |
| Remove                        |                  |                    |                        |
| 3 ) Change                    |                  |                    |                        |
| Add                           |                  |                    |                        |
| Remove                        |                  |                    |                        |
| 4) Change                     |                  |                    |                        |
| Add                           |                  |                    |                        |
| Remove                        |                  |                    |                        |
| 5) Change                     |                  |                    |                        |
| Add                           |                  |                    |                        |
| Remove                        |                  |                    |                        |
| 6) Change                     |                  |                    |                        |
|                               |                  |                    |                        |
| Add                           |                  |                    |                        |
| Remove                        |                  |                    |                        |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |                            |
|---|----------------------------|
| N/A   |                            |
|   |                            |
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| F. If an amendment provides for an exchange, reclassification, or canc  | ellation of issued shares, |
| provisions for implementing the amendment if not contained in the (if not applicable, indicate N A)                         | amendment itself:          |
| N/A   |                            |
| N/A   |                            |
|   |                            |
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|  | 01/02/2019  |                          |
|--|---|--------------------------|
| The date of each amendment(s) ado date this document was signed.                       | ption:  | if other than th         |
| une uns ascument vas signed.   |   |                          |
| Effective date <u>if applicable</u> :  | (no more than 90 days after amendment file date)  |                          |
|  | (no more than 90 days after amendment file date)  |                          |
| Note: If the date inserted in this blo<br>document's effective date on the Department. | ck does not meet the applicable statutory filing requirements, this date artment of State's records.  | will not be listed as th |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                          |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were sufl                  | ted by the shareholders. The number of votes east for the amendment(s) icient for approval.   |                          |
|  | oved by the shareholders through voting groups. The following statement<br>such voting group entitled to vote separately on the amendmentts):   | ı                        |
|  | r the amendment(s) was/were sufficient for approval   |                          |
| hy   | (voting group)  |                          |
|  | (voting group)  |                          |
|  | ted by the board of directors without shareholder action and shareholder  |                          |
| The amendment(s) was/were adoptaction was not required.                                | ted by the incorporators without shareholder action and shareholder   |                          |
| 01/02/2019<br>Dated  |   |                          |
| Signature Can  | ne fla  |                          |
| (By a direstlement) selected,  | ector, president or other officer – if directors or officers have not been<br>by an incorporator – if in the hands of a receiver, trustee, or other court<br>d fiduciary by that fiduciary) |                          |
| (  | Farmen R Pagan  |                          |
| _  | (Typed or printed name of person signing)   | <del></del>              |
| F  | resident  |                          |
| <del>-</del>   | (Title of person signing)   |                          |