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R. WHITE AUG 1 3 2018 PILED
2018 AUG 10 MM 10: 59
SECRETARY OF STATE
TALLAHASSEF

## **COVER LETTER**

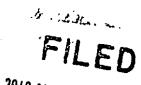
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: New Heights Trucking Inc				
NAME OF CORPORATION: NEW HEIGHTS TRUCKING INC.  DOCUMENT NUMBER: P18000054794				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Alexandra Figueras Name of Contact Person  Camer Sencies & America  Firm/ Company  5000 NW 74th Ave  Address  Might FL 33166  City/ State and Zip Code				
Permitse carner annual report notification)  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alixandra Figueras at (450) 942-7323  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 Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



New Heights Truck	im Inc		SEPROPOLICION AP	110:50
(Name of Corp	oration as currently	filed with the Flori	to pope of state	
P18CCG054794			TALLAHASSE	FI
(Γ	Document Number of	Corporation (if know	rn)	•
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this F	lorida Profit Corpo	ration adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of t	the corporation:			
				The new
name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "C	lo". A professional		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET				N/F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )			——————————————————————————————————————
D. If amending the registered agent and/or re new registered agent and/or the new regist		ess in Florida, enter	the name of the	
Name of New Registered Agent	<u> </u>			<del></del>
<del></del>	(Florida stree	et address)		- N/A
New Registered Office Address:	(	City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		ith and accept the ob	oligations of the posite	ion.
				_ NIA
	Sivnature of New Re	wistered Avent, if ch	anging	1 = 1   1

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	<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	VP	Tonya V. Garner	403 Triumph Dr
X Add			Schring, FL 33872
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or	adding additional Artic	cles, enter change	(s) here:		
(Attach addition)	I sheets, if necessary).				
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If an amendmer	nt provides for an exch	ange, reclassifica	tion, or cancellat	ion of issued share	es,
provisions for	implementing the americable, indicate N/A)	idment if not con	tained in the amo	endment itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately of	ps. The following statement on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	'''
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	lder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated 8 8 2018	
Signature An Lub to Man (By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rece	or officers have not been iver, trustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name of person s	origning)
Title of person signing	
(Title of person signing	3)