P18000077828

| (Reque | stor's Name) | |
|-------------------------------|------------------|-------------|
| (Addres | ss) | |
| (Addres | ss) | |
| (City/St | ate/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL MAIL |
| (Busine | ess Entity Name) | |
| (Docum | nent Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filin | g Officer: | |
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2022 APR 25 AM 8: 1

Office Use Only

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COVER LETTER

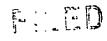
TO: Amendment Section
Division of Corporations

| NAME OF CORPO | RATION: PINE STATE CAR | RIERS, INC. | | |
|--|--|--|--|--|
| | BER: P18000077828 | | | |
| | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | espondence concerning this ma | tter to the following: | | |
| | DARLENE LOTT | | | |
| | | Name of Contact Persor | 1 | |
| | PINE STATE CARRIERS, II | NC | | |
| | | Firm/ Company | | |
| | 804 KILGORE RD | | | |
| | | Address | | |
| | PLANT CITY FL 33567 | | | |
| | | City/ State and Zip Code | 2 | |
| | amy@falcontransportationllc | .com | | |
| | . • | sed for future annual report | notification) | |
| For further information | on concerning this matter, pleas | | 707-9252 de & Daytime Telephone Number | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check fi | or the following amount made | payable to the Florida Depa | artment of State: | |
| S35 Filing Fee | ☐S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

Pine State Carriers INC 804 Kilgore RD Plant City FL 33567 Tel: 813-719-1300 Fax: 813-436-8400 We need to get our Managers updated on our SunBiz listing. We have attached the forms from the website. Enclosed is a check for \$60.00 for the following: \$25.00 Filing Fee \$30.00 Certified Copy \$5.00 Certificate of Status Thank you, Darlene Lott

Articles of Amendment to Articles of Incorporation of



PINE STATE CARRIERS, INC

2022 APR 25 AM 8: 17

to

| (Name of Corporation as cur | rently filed with the Florida Dept. of State) |
|--|---|
| P18000077828 | Section 1 DISEE, FL |
| (Document Num | ber of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation: | , this Florida Profit Corporation adopts the following amendment(s |
| A. If amending name, enter the new name of the corporation | <u>vn:</u> |
| | The new |
| | n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word P.A." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | |
| D. If amending the registered agent and/or registered office | e address in Florida, enter the name of the |
| new registered agent and/or the new registered office ad | |
| Name of New Registered Agent | |
| | |
| (Flor | ida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered A | Agent |
| I hereby accept the appointment as registered agent. I am fam | |
| | |
| | |
| Signature of N | 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.

Example:

| X Change | <u>PT</u> <u>J</u> | lohn Doe | |
|-------------------------------|--------------------|---------------|----------------------------|
| X Remove | <u>v</u> <u>1</u> | Mike Jones | |
| X Add | <u>sv</u> <u>s</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | MGR | AMY HOWLETT | P O BOX 695 |
| X Add | | | MARS HILL ME 04758 |
| Remove | | | |
| 2) Change | MGR | DARLENE LOTT | 804 KILGORE RD |
| X Add | | | PLANT CITY FL 33567 |
| Remove 3) Change | MGR | PENNY MAYNARD | P O BOX 695 |
| X Add | | | MARS HILL ME 04758 |
| Remove | | | |
| 4) Change | MGR | LORI JELLISON | 4412 DEVINSHIRE FIELDS LOC |
| X Add | | | PLANT CITY FL 33567 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| i ittacii iiii | lditional sheet | additional Arts, if necessary). | (Be specific) | | | | |
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| provisie | enament prov Ons for imple: | wides for an exementing the an | inange, reciass | contained in | ncellation of iss the amendment | ued snares, itself: | |
| (if n | ot applicable. | , indicate N/A) | | | | · | |
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| The date of each amendment(s) ac | loption: | , if other than the |
|--|--|-----------------------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, the partment of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were add action was not required. | pted by the incorporators, or board of directors without shareholder | action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were st | pted by the shareholders. The number of votes east for the amendr fficient for approval. | nent(s) |
| | proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes east | for the amendment(s) was/were sufficient for approval | |
| by | | |
| , | (voting group) | |
| MARCH 8 Dated | 2022 | |
| Signature | Bruce W. Layer | |
| selecte | rector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary) | |
| | Bruce w. Sargent | **** |
| | (Typed of printed name of person signing) | |
| | Tresident | |
| | (Title of person signing) | |