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## **COVER LETTER**

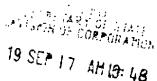
**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	RATION: CORY'S TOP QU	ALITY TRUCKING, INC					
DOCUMENT NUM	P18000085377						
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.					
Please return all corre	espondence concerning this ma	itter to the following:					
	JAMEIL C. ALFORD						
	Name of Contact Person						
	CORY'S TOP QUALITY TRUCKING, INC						
		Firm/ Company					
	355 MINE ROAD						
		Address					
	TALLAHASSEE, FL 32343						
		City/ State and Zip Cod	c				
MRO	CORY24@GMAIL.COM						
<del></del>	<del>-</del>	sed for future annual report	notification)				
		·	·				
For further information	on concerning this matter, pleas	se call:					
JAMEIL C. ALFORI		at ( <u>850</u>	、688-5774				
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number				
Cashandia a sheet d	and a Caller of the Caller						
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:				
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address		Street	Address				
Amendment Section		Amendment Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314			Building xecutive Center Circle				
1 41:	iaiia5300, FL JZJ14	4001 B	ACCULIVE CERRET CAFCIC				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



CORY'S TOP QUALITY TRUCKING, INC

	- TV
	n as currently filed with the Florida Dept. of State)
3000085377	
(Docume	ent Number of Corporation (if known)
suant to the provisions of section 607,1006, Florida S Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	?
If amending the registered agent and/or registere	d office address in Florida, enter the name of the
	ffice address:
new registered agent and/or the new registered o	
new registered agent and/or the new registered of New Registered Agent	
	(Florida street address)
new registered agent and/or the new registered of New Registered Agent  New Registered Office Address:	(Florida street address)

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 $\underline{\mathbf{V}}$ Mike Jones X Remove <u>X</u> Add <u>SV</u> Sally Smith Address . Type of Action Title <u>Name</u> (Check One) VERDA P. OWENS P.O. BOX 491 1) \_\_\_\_ Change **MIDWAY, FL 32343** \_\_\_ Add Remove P.O. BOX 491 STKATRINA K. HARRIS 2) \_\_\_\_ Change MIDWAY, FL 32343 Add Remove 3) \_\_\_\_ Change \_\_\_\_ Add Remove 4) \_\_\_\_ Change Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_ Add Remove

If amending or adding additional Arti Attach additional sheets, if necessary).				
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f an amendment provides for an exch	ange, reclassificatio	n, or cancellation	of issued shares	عا
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contai	ined in the amend	<u>lment itself:</u>	
		<del></del>		
·				
			<del>.</del>	
			<del></del>	

The date of each amendment(s) as	loption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this capartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	ieni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	7/19	
Signature	9	
(By a d	rector, president or other officer - if directors or officers have not been	
	l, by an/incorporator – if in the hands of a receiver, trustee, or other cou ed fiduciary by that fiduciary)	ırt
Opposit.	A A A A	
	Jameil Altord	
	(Typed or printed name of person signing)	
	<u>leo</u>	
	(Title of person signing)	