## P18000085377

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CORY'S TOP QUA	ALITY TRUCKING, INC.	
	IBER:		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	JAMEIL C. ALFORD		
		Name of Contact Persor	1
	CORY'S TOP QUALITY TR	UCKING, INC.	
		Firm/ Company	
	355 MINE ROAD, SUITE 1		
		Address	
	MIDWAY, FL 32343		
		City/ State and Zip Code	
COI	RYSTOPQUALITYTRUCKIN	G@GMAIL.COM	
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
JAMEIL C. ALFOR	D, SR.	at (	de & Daytime Telephone Number
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 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)
Ar Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

CORY'S TOP QUALITY TRUCKING, INC.

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)		
P18000085377			
(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following	g amen	dment(s)
A. If amending name, enter the new name of the corporation:	<u>.</u>		
	<u> </u>	_The	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.)	A professional corporation name must contain	n "Cor u the w	p., " vord
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			ت
		- <u>0</u> -	- X-X-
		-유-	<u> </u>
C. Enter new mailing address, if applicable:		C 30	무절품
(Mailing address MAY BE A POST OFFICE BOX)			
		<b>₽</b>	Since Since
		<del>-</del>	7/14
		<del>-</del>	_ <del></del>
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr			
Name of New Registered Agent			
		-	
(Florida	i street address)	-	
N. D	151		
New Registered Office Address:	(City) , Florida (Zip C	Code)	
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.		
Signature of New	v Registered Agent, if 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 = 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: $\underline{X}$ Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	TANISHA SMITH	4748 ATLANTA AVENUE
X Add	-		INDIANAPOLIS, IN 46241
Remove			
2) Change	D	TYRESHA JACKSON	P.O. BOX 491
$\overline{X}_{Add}$			MIDWAY, FL 32343
Remove 3) Change	P	VERDA OWENS	P.O BOX 491
$\frac{X}{X}$ Add			MIDWAY, FL 32343
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

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(Attach additional sheets, if necessary). (Be specific)

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provisions for implementing the amendme (if not applicable, indicate N/A)	ent if not contained in the amendment itself:	
		<del>-</del> ·
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		<del></del>
-		
	·	
	Page 3 of 4	
The date of each amendment(s) adoption:date this document was signed.	<del></del>	, if other than t
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>

document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_\_\_(voting group) ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated\_\_\_\_\_DECEMBER 30, 2019 Signature (B√a director, president or other officer –/if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) JAMIEL C. ALFORD, SR (Typed or printed name of person signing)

CEO

(Title of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the