P19000055868

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Higher Document number: P190005	Standards Tr 5868	ansport IMC
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Justin Quell	ne Hu Name of Contact Person	
401 hemans Sebring Fo	Firm/ Company Address 33872 City/ State and Zip Code	
E-mail address: (to be us	Qual com ed fois future annual report	
For further information concerning this matter, please	se call:	
Justin Quelletta Name of Contact Person	at (<u>843</u> Area Coo) <u>273 - 7836</u> le & Daytime Telephone Number
Enclosed is a check for the following amount made:	payable to the Florida Depa	irtment of State:
\$35 Filing Fee \$\sum \text{\$\sum \text{\$\frac{1}{2}}\$\$ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 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	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

·	of		
Hickor St.	Late Town	ul Tar	
(Name of Corporation	on as currently filed with the		
P19000558			
	nent Number of Corporation	(if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profi</i>	t Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the co	armoration:		
1	1.)		
name must be distinguishable and contain the word "co	rporation ""company "or	"incornorated" or the abbrevia	The new
"Inc" or Co" or the designation "Corp." "Inc." "chartered." "professional association." or the abbre	or "Co". A professional	corporation name must con	ain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	: DRESS)		
	,		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u>*</u>)		
			
D. If amending the registered agent and/or register	ed office address in Florid	antor the name of the	
new registered agent and/or the new registered of	office address:	i, enter the name of the	
Name of New Registered Agent			
			_
	(Florida street address)		_
New Registered Office Address:		, Florida	
registered office state est.	(Cuy)	, rionda(Zij	p Code)
N. B. Carlotte and St. Carlotte and St. Carlotte			
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	stered Agent: ' am familiar with and accep	t the obligations of the position	<i>, ∧</i> .
		garana ay ana paonina	
			As As
Sional	ture of New Registered Agen	t if changing	— <u>``</u>
	an e oj nen negimereu ngen	i. y changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 60	07 0120 (11) (a) FS		& 55
med paraditt to 3. Of	υτ. υτ±υχτιγχ υ β. 1.,Ο.		·•/

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	PT	John Doe	
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			
Add			
Remove			
2) Change			
Add			***************************************
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessar	y). (Be specific)	•		
				
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			,	
				
				
an amendment provides for an e rovisions for implementing the a	xchange, reclassi mendment if not	tication, or cancel contained in the s	lation of issued sh	ares,
(if not applicable, indicate N/A)	Comanico in the 2	are noment resent.	

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			·	
				

The date of each amendment(s) adoption:
Effective date if applicable: 4/23/1 ((no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
hy
(voting group)
Signature Signature By 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)
Jostin Ocellette (Typed or printed name of person signing)
(Title of person signing)