## PIACC 059 807

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

NAME OF CORPORATION: ALL S	ource Transfortation IC
DOCUMENT NUMBER: P19000	0059807
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Monau	Name of Contact Person  Source Transportation Firm/ Company  114 South Ingraham AVE
E-mail address: (to be u	Address  Address  Act and Fl 33801  City/ State and Zip Code  Trans Por Ta Tion & Yallace Compused for future annual report notification)
For further information concerning this matter, plea	ase call:
Monica Sm. Th Name of Contact Person	at ( 770 ) 865 - 9340 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Cartified Copy (Additional Copy is enclosed)  Cartificate 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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

of

all Source transportation In
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendm its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "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 MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Monica Smith  714 South Ingraham AVE  (Florida street address)
New Registered Office Address: Lakeland, Florida Fl. 33180 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I um familiar with and accept the obligations of the position.
Signature of New 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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. The 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 Ch. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove Example:	, and Sal	ly Smith, SV as an Add.		
X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	60	Address
1) Change			NH	
Add				
Remove			1	
2) Change				<del></del>
Add				
Remove				
3) Change				
Add				
Remove			)	
4) Change				
Add				
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Remove				
6) Change				
Add			CY	
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Attach additional sheets	additional Articles, er s, if necessary). (Be s	ner change(s) ne	<u> </u>		
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provisions for implem	ides for an exchange, in the second menting the amendment				
(if not applicable,	indicate N/A)				
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The date of each amendment(s) adoption: _date this document was signed.	9/27/19	, if other th
Effective date <u>if applicable</u> :	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory	filing requirements, this date will not be listed
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for		tes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti		· ·
"The number of votes cast for the an	nendment(s) was/were sufficient for	approval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1)	voting group)	
The amendment(s) was/were adopted by the action was not required.	he board of directors without sharel	nolder action and shareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholde	er action and shareholder
Dated 9127 Signature Mo	119 nua Smrth	
(By a director, pr selected, by an it	resident or other officer – if directo neorporator – if in the hands of a re ary by that fiduciary)	
	(Typed or printed name of person	n signing)
<del></del>	DWAR	20)
	(Title of person signi	ng)