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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

NAME OF CORPO	RATION: SUNCOAST FLEE	ET SERVICES INC	
DOCUMENT NUM	DO1000000540		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JAMIE J JENSEN		
		Name of Contact Person	1
	SUNCOAST FLEET SERVI	CES INC	
		Firm/ Company	
	2710 ABBEY GROVE DRIV	/E	
		Address	
	VALRICO FL 33594		
		City/ State and Zip Code	2
	JAMIE.JENSEN@SUNCOA	STFLEETSERVICES.CO	М
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JAMIE J JENSEN		at (813	404-1109
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$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)

Street Address

Amendment Section

Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

SUNCOAST FLEET SERVICES INC

.

SUNCUAST FLEET SERVICES INC		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P21000009549		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	лg amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
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.	A professional corporation name must conta	
B. Enter new principal office address, if applicable:	13625 50TH WAY N	
(Principal office address MUST BE A STREET ADDRESS)	UNIT 14	
	CLEARWATER FL 33760	
C. Enter new mailing address, if applicable:	:	= ===
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	:	9
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		- 35
new registered agent and/or the new registered office address	15.	
Name of New Registered Agent		_
		_
(Florida si	treet address)	
New Registered Office Address:	Florida	····
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered Agen	it:	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature of New I	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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Clyde A. Jensen	2710 Abbey Grove Dr.
X Add	-	-	Valrico FL 33594
Remove			
2) Change			
Add			
Remove 3) Change		·•	
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change	—	_	
Add			
Remove			
டு Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
·	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

•

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, tepartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amend ufficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following s reach voting group entitled to vote separately on the amendment(s)	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
June 18, 20 Dated Signature	O21 Arector, president or other officer if directors or officers have not	
selecto	ed, by an incorporator - if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	r court
	JAMIE J JENSEN	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	