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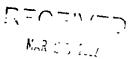
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ROAD KINGS RE	ENTALS INC		
DOCUMENT NUM	P22000017663			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	BARBARA BENNETT			
	Name of Contact Person			
		Firm/ Company		
	14647 SE 44TH AVE			
	STARKE, FLORIDA 32091	Address	17 44 17 48	
		City/ State and Zip Code	e	
	BARBARABENNETT65@0	GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
BARBARA BENN	ETT	352	538-8005	
Name 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	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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2022 MAR 25 AH 10: 56

(Name o	of Corporation as current	ly filed with the Florida Dept. of State CRETARY OF STATE TALLAHASSEE, FLORE		
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
	Corp," "Inc," or "Co"	The new company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address,		14647 SE 44TH AVE		
(Principal office address MUST BE A S		STARKE, FLORIDA		
		32091		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14647 SE 44TH AVE		
		STARKE, FLORIDA		
		32091		
D. If amending the registered agent ar	nd/or registered office add	ress in Florida, enter the name of the		
new registered agent and/or the new				
Name of New Registered Agent	BARBARA BENNETT			
	14647 SE 44TH AVE			
	(Florida st	reet address)		
New Registered Office Address:	STARKE	32091 , Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar	t: with and accept the obligations of the position. But Registered Agent, if changing		
	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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
l) Change	P	BARBARA BENNETT	14647 SE 44TH AVE	
X Add			STARKE, FLORIDA	
Remove			32091	
2) Change			4202 NW 51ST DRIVE	
Add			GAINESVILLE, FLORID	
X Remove 3) Change	P	MILTON BAKER	32606	
Add				
Remove				
4) Change				
Add				
Remove			<u></u>	
5) Change			- · · · · · · · · · · · · · · · · · · ·	
Add				
Remove			 	
6) Change	-			
Add				
Remove				

ttach additione	dding additional Article sheets, if necessary). (Be specific)			
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f an amend <u>me</u> i	t provides for an exchan	ge, reclassificati	ion, or cancellation	of issued shares,	
provisions for	mplementing the amend	ment if not cont	ained in the amen	<u>dment itself:</u>	
(if not appl	cable, indicate N/A)				
	<u></u>				
					•
				· ·····	

The date of each amendment(s) addate this document was signed.	03-28-2022 doption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file t	<u></u>
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the fficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The folionaction each voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Signature <i>M</i>	3-23-2022 Vétar Bola-dr-	
selecte	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee ted fiduciary by that fiduciary)	
	MILTON BAKER	
	(Typed or printed name of person signing)	102274
	PRESIDENT	
	(Title of person signing)	

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