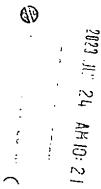
(f	Requestor's Name)
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((City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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Certified Copies	Certificates of Status
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Special Instructions to F	iling Officer:
	J. HORNE
	JUL 2 4 2023
<u> </u>	

Office Use Only



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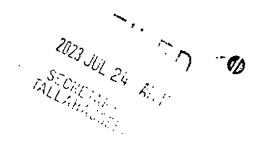
COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DRIVING FORCE	TRANSPORTATION INC			
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MANLE PINTRAND				
	Name of Contact Person				
	DRIVING FORCE TRANSPORTATION INC				
	Firm/ Company				
	913 CASCADES PARK TRA	AIL.			
	Address				
	DELAND, FL 32720				
		City/ State and Zip Code	2		
	dft.inc@yahoo.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MANLI PINTRAND		at (395-9843		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 f	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of



DRIVING FORCE TRANSPORTATION INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P23000002566		
(Document Number)	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
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 contain the word	
B. Enter new principal office address, if applicable:	913 CASCADES PARK TRAIL	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DELAND, FL 32720	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3911 NE 12TH DRIVE	
	HOMESTEAD, FL 33033	
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it: with and accept the obligations of the position.	
Signature of New	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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MICHAEL LEWIS	913 CASCADES PARK TRAIL
X Add	•		DELAND, FL 32720
Remove			
2) Change	S	ALEXANDER PINTRAND	3911 NE 12TH DRIVE
Add			HOMESTEAD, FL 33033
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

the state of the s	ng additional Articles, enter change(s) here; ets, if necessary). (Be specific)
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ıareholder
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(Title of person signing)