P9300083454

| li l | |
|---|------|
| (Requestor's Name) | |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | 1AIL |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| | |
| Office Use Only | |



800303117268

FILED 2017 SEP - 1 AH 9: 48

KEUEIVED

2017 SEP -1 PM 4: 43

C. GOLDEN SEP - 5 2017

| CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 | | |
|---|--|--|
| ACCOUNT NO. : 12000000195 | | |
| REFERENCE : 761289 | | |
| AUTHORIZATION: Spelledens | | |
| COST LIMIT : \$ 35/00 | | |
| ORDER DATE : August 9, 2017 | | |
| ORDER TIME : 3:48 PM | | |
| ORDER NO. : 761289-240 | | |
| CUSTOMER NO: 7182 07 7 | | |
| DOMESTIC AMENDMENT FILING | | |
| NAME: MIDWEST COAST TRANSPORT, INC. | | |
| EFFECTIVE DATE: | | |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | |
| CONTACT PERSON: Roxanne Turner EXT# 62969 | | |

EXAMINER'S INITIALS:

Articles of Amendment to Articles of Incorporation of

FILED

2017 SEP - 1 AM 9: 48

| | of | | con ser - 1 AM 9: 4 |
|---|---------------------------------------|------------------------------|---------------------------------------|
| Midwest Coast Transport, Inc. | | | |
| (Name of Cor | poration as currently file | d with the Florida Dept. o | (State) LANGES E. F. CPH |
| P93000083454 | | | ·7.1 |
| | Document Number of Corp | poration (if known) | 7 |
| | | r n g.g | |
| tursuant to the provisions of section 607.1006, as Articles of Incorporation: | Florida Statutes, this <i>Flori</i> d | da Profit Corporation adop | ts the following amendment(s) to |
| If amending name, enter the new name of | the corporation: | | |
| | | | The new |
| ame must be distinguishable and contain the Corp ," "Inc.," or Co.," or the designation word "chartered," "professional association," | "Gorp," "Inc," or "Co". | A professional corporatio | |
| B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u> | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | | | |
| (muning names MAT HE AT JAST OF THE | | | |
| | | | |
| | _ | | |
|). If amending the registered agent and/or r | enistered office address is | s Flacida, enter the name o | of the |
| new registered agent and/or the new regis | | 11 Wilda, circa the name (| M tile |
| Name of New Registered Agent | | | |
| Name of New Registered Agent | | | |
| | (Florida street ad | | |
| | (Fibriad street tra | u ess) | |
| New Registered Office Address: | 11 (0:4) | | orida (Zip Code) |
| | (City) | | (Zip Code) |
| | | | |
| Yew Registered Agent's Signature, if changing | Begintered Agent: | | |
| hereby accept the appointment as registered a | gent. I am familiar with a | nd accept the obligations of | the position. |
| | | | |
| | Į I | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | Signature of New Registe | red Agent, if changing | |
| | | | |
| | II. | | |

| address of each Officer | and/or Di | irector being | | r/director being removed and title, name, and |
|--|--|---|--|--|
| (Attach additional sheets, | | | | |
| Please note the officer/dir | | | | Trustee; $C = Chairman \ or \ Clerk; \ CEO = Chief$ |
| Executive Officer; CFO held. President, Treasurer Changes should be noted | Chief F Directo in the follows | inancial Offic r would be PI lowing manne orporation, Sa | er. If an officer/director holds more D. Currently John Doe is listed as the ly Smith is named the V and S. These | than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change, |
| Example: | 2000 | , | | |
| X Change | <u> </u> | John Doe | | |
| X Remove | Ā | Mike Jones | | |
| X Add | <u>SV</u> | Sally Smith | | |
| Type of Action (Check One) | Title | <u>Nan</u> | <u> </u> | Address |
| 1) Change | D | Mic | hael P. Ryan | 502 E. Bridgers Avenue |
| XX Add | | | | Auburndale, FL 33823 |
| Remove | | | | |
| 2) XX Change | Т | Rob | ert Y. Fox | ** Please only remove the title |
| Add | | | | of Director. He will remain |
| Remove | | | | Treasurer. |
| 3) Change | <u>S</u> | Ren | ee Roop | 502 E. Bridgers Avenue |
| XX_Add | | | | Auburndale, FL 33823 |
| Remove | | | | |
| 4) Change | D | Mar — | k Bostick | 502 E. Bridgers Avenue |
| Add | | | | Auburndale, FL 33823 |
| XX Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| б) Change | | | | |
| Add | | | | |

_____Remove

| If amending or adding additional Artic Attach additional sheets, if necessary). | (les, enter change(s) here: | |
|--|---|--|
| retigen totalional sheets, if hecessary). | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - A | | |
| | | |
| | | |
| | | |
| f an amandment provides for an excha | ange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the amen | adment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | | |
| | | |
| | | |
| | ļļ_ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

H

| • | |
|--|--|
| The date of each amendment(s) adoption: | ugust 1, 2017 , if other than the |
| date this document was signed. | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not document's effective date on the Department of | of meet the applicable statutory filing requirements, this date will not be listed as the State's records. |
| Adoption of Amendment(s) (CH | ECK ONE) |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | shareholders. The number of votes cast for the amendment(s) |
| | shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s): |
| "The number of votes east for the amen | dment(s) was/were sufficient for approval |
| by | ing group) |
| _ | opard of directors without shareholder action and shareholder |
| action was not required. | ncorporators without shareholder action and shareholder |
| DatedSignature | 1 Mu |
| ysy a director, presi | dent or other officer - if directors or officers have not been reporator - if in the hands of a receiver, trustee, or other court by that fiduciary) |
| | nael P. Ryan |
| | Typed or printed name of person signing) |
| | Director |
| | (Title of person signing) |
| | |