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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RIGHT TIME TRUCKING INC DOCUMENT NUMBER: P95000019854			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CONNA FRIWER			
Name of Contact Person RIGHT TIME TRUCKING INC			
703 E EDGEWOOD DR			
LAKELAND, FL 33803			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
CONNA FRIER at (863) 701-7761			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Street Address Amendment Section			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



RIGHT TIME TRUCKING INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000019854

(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen		
A. If amending name, enter the new name of the corporation:	The second		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the		
D. Futow norm universal office address if auniticables	703 E EDGEWOOD DR		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LAKELAND, FL 33803		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 91418		
	LAKELAND, FL 33804		
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent			
703 E EDGEV	VOOD DR		
(Florida stree	,		
New Registered Office Address: LAKELAND	, Florida 33803		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the common of the c			

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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	CYPRESS, ARTIS J	239 BLUE HERRON CT
Add			DAVENPORT, FL 33837
Remove			
2) Change	S	CYPRESS, SAMANTHA B	239 BLUE HERRON CT
Add			DAVENPORT, FL 33837
Remove		•	
3) Change	P,D	CONNA FRIER	PO BOX 91418
Add			LAKELAND, FL 33804
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamoua			

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an amendment p rovisions for imp	rovides for an ex elementing the an	nendment if not	contained in the	amendment itsel	<u>snares.</u> f:
(if not applicat	ble, indicate N/A)		-		_
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		NIA			
		MA		·· ···· .	
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The date of each amendment(s) adoption: OCTOBER 1, 2014	, if other than th
date this document was signed.	
Effective date if applicable: OCTOBER 1, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_OCTOBER 1, 2014	
Signature Corna of Frier	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CONNA FRIER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	