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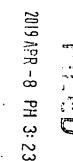
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CYPRESS TERMINALS, INC. DOCUMENT NUMBER: P99000098804 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES P STEVENS Name of Contact Person AW OFFICES OF JAMES P STEVENS, P A Firm/ Company 210 EAST FORSYTTH STREET Address JACKSONVILLE, FL 32202 City/ State and Zip Code JamesStevens@jpslawjax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 398-2001

Area Code & Daytime Telephone Number JAMES P STEVENS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CYPRESS TERMINÂLS, INC.

FILED

2019 APR -8 PM 3: 23

(Name of Corporation as currently filed with the Florida Dept. of State) P99000098804 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation; name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co., " or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) ____, Florida_ New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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 De | <u>e</u> | |
|-------------------------------|----------------|--------------|-----------------------|------------------------|
| X Remove | ' <u>⊻</u> | Mike Jo | | |
| | | | | |
| _X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) X Change | P.S.T.I |) | PENLAND, DAVID V. SR. | 1414 LINDROSE STREET |
| Add | | | | JACKSONVILLE, FL 32206 |
| Remove | | | | |
| 2) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | <u>-</u> | | |
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| If amending or ad Attach additional | lding additional Articles, enter change(s) here: sheets, if necessary). (Be specific) |
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| provisions for in | provides for an exchange, reclassification, or cancellation of issued shares, applementing the amendment if not contained in the amendment itself: able, indicate N/A) |
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| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: | <u>.</u> |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records. | ot be listed as the |
| 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 3-29-29-19 Signature OV Rule Sk. | |
| (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) | |
| DAVID V. PENLAND, SR. | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |