Division of Corporations Electronic Filing Cover Sheet

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(((H10000243133 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KV CARRIER SERVICES, INC.

Account Number : 120080000029

: (305)883-6262

Fax Number .

: (305)883-6605

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN JNL TRANSPORTATION INC

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Help



November 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JNL TRANSPORTATION INC 30101 SW 145 COURT HOMESTEAD, FL 33033

SUBJECT: JNL TRANSPORTATION INC

REF: P08000089071

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H10000243133 Letter Number: 810A00026306

RECEIVED ONOV 17 AM 8: 48 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	JNL TRANSPORTATION INC		
DOCUMENT NU	MBER:	P08000089071		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	orrespondence concerning thi	s matter to the following:		
		DLGA MORGADO		
	N	lame of Contact Person	·	
	KV CA	RRIER SERVICES INC		
Firm/ Company				
	11790 NW SOUTH RIVER DR			
Address				
	MEDLEY, FLORIDA 33178			
		City/ State and Zip Code		
	KVCARRIERS E-mail address: (to be use	ERVICES@GMAIL.COM and for future annual report notification)		
For further inform	ation concerning this matter,	please call;		
	LGA MORGADO	at (305) 883-6262		
· Name	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount r	nade payable to the Florida Department of State.		
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\int \frac{\\$43.75\}{\} \frac{\}{\} \		
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	·	

Articles of Amendment **Articles of Incorporation**

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

P0800	0089071	<u> </u>	
(Document Number	r of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, I amendment(s) to its Articles of Incorporation:	Florida Statut	es, this Florida Profit Corporation adopts the follo	
A. If amending name, enter the new name of th	<u>e corporatio</u>	•	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes.	signation "Co	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation tion," or the abbreviation "P.A."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		15900 SW 283 STREET	
		HOMESTEAD, FLORIDA 33033	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	15900 SW 283 STREET HOMESTEAD, FLORIDA 33033	
D. If amending the registered agent and/or registered agent and/or the new register			
Name of New Registered Agent O	SWALD ON	MAR SANTOS	
New Registered Office Address:	15900 SW 283 STREET (Florida street address)		
<u>H</u>	OMESTEAL (City)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Revistered A	tent: liar with and accept the obligations of the position.	
 -			

Page 1 of 3

removed an	the Officers and/or Directors, enter the title, name, and address of each Officional sheets, if necessary)	ne title and name of each officer, cer and/or Director being added	director being
Title	Name	Address	Type of Action
<u>P</u>	ROCHA, EMMANUEL	30101 SW 145 CT. HOMESTEAD, FL 33033	
<u>P</u>	SANTOS, OSWALD OMAR	15900 SW 283 STREET HOMESTEAD, FL 33033	☑ Add □ Remove
			Add Remove
	ling or adding additional Articles, ente dditional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, rons for implementing the amendment to applicable, indicate N/A)	eclassification, or cancellation of it not contained in the amendme	f issued shares, ent itself:
		<u> </u>	

The date of each amendmen	t(s) adoption: 11/	/08/2010
Effective date if applicable:	11/08/2010	(date of adoption is required)
<u> </u>	(no more than 9	days after amendment file date)
Adoption of Amendment(s)	(CH	ECK ONE)
The amendment(s) was/we by the shareholders was/w		sharcholders. The number of votes cast for the amendment(s) approval.
		e shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s):
"The number of votes	14	dment(s) was/were sufficient for approval
	(foting group)	
The amendment(s) was/w action was not required.	re adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated_11/0	08/2010	1
sel		ent or other officer – if directors or officers have not been forator – if in the hands of a receiver, trustee, or other court y that fiduciary)
	/	!
		OSWALD OMAR SANTOS
	(Туј	ped or printed name of person signing)
		PRESIDENT
	(Title o	f person signing)
		•