

P10000056583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

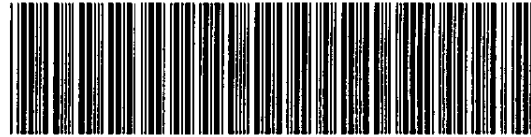
(Business Entity Name)

(Document Number)

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11 JAN -7 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLETTE

JAN 07 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Edwards Family Transport Inc

Name of Corporation

DOCUMENT NUMBER: P10000056583

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHELDON F JOHN

Name of Contact Person

SOLOMON FINANCIAL CONSULTANTS INC

Firm/Company

2050 POLO GARDENS DR # 207

Address

WELLINGTON FL 33414

City/State and Zip Code

LEGAL@SOLOMONFINANCIALCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELDON F JOHN

Name of Contact Person

at (954) 358 9538

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2010

SHELDON F. JOHN
SOLOMON FINANCIAL CONSULTANTS INC
2050 POLO GARDENS DR #207
WELLINGTON, FL 33414

SUBJECT: EDWARDS FAMILY TRANSPORT INC.
Ref. Number: P10000056583

We have received your document for EDWARDS FAMILY TRANSPORT INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 610A00028860

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN - 6 AM 11:50

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EDWARDS Family Transport Inc.

DOCUMENT NUMBER: P10000056583

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHELDON F. JOHN
Name of Contact Person

Solomon Financial Consultants Inc.
Firm/ Company

2050 Polo Gardens Dr. #207
Address

Wellington FL 33414
City/ State and Zip Code

legal@solomonfinancialcorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELDON F. JOHN at (954) 358-9538
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
- \$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)

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

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

Articles of Amendment
to
Articles of Incorporation
of

EDWARDS Family Transport Inc.

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

P0000056583

(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:

_____ *The new 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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(City) (Zip Code)

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

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11 JAN -7 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Barry Edwards</u>	<u>300 E OAKLAND PARK</u> <u>BLVD #272</u> <u>WILTON MANORS FL 33334</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>BARRINGTON EDWARDS</u>	<u>300 E OAKLAND PARK</u> <u>BLVD #272</u> <u>WILTON MANORS FL 33334</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

LISTED NAME OF (PRESIDENT) "EDWARDS, BARRY" IS
INCORRECT IN SPELLING AND MUST BE CHANGED TO MATCH
FLORIDA DEPT OF TRANSPORTATION DOCUMENTS.

→ CORRECT SPELLING OF (P) IS: "EDWARDS, BARRINGTON"

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 12/30/10
(date of adoption is required)

Effective date if applicable: _____
(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 12/30/10
Signature Barrington Edwards
(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)

BARRINGTON EDWARDS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)