## 103000044519

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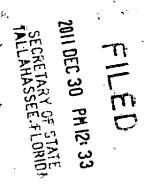
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## **COVER LETTER**

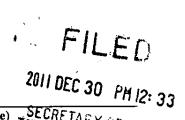
**Division of Corporations** NAME OF CORPORATION: Brown Van lines DOCUMENT NUMBER: P03000044519 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Aldo Di Sorbo Name of Contact Person **Brown Van Lines** Firm/Company 2000 State Road 7 Address Margate FL 33063 City/ State and Zip Code Al@Brownmovers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aldo Di sorbo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$52.50 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** 

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

TO: Amendment Section

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

## Articles of Amendment to Articles of Incorporation of



## Brown Van Lines inc.

(Name of Corporation as				
	currently filed with the Flo	#	SECRETARY OF STALLAHASSEE, FL	STATE ORID;
(Documen	t Number of Corporation (if k	nown)		
ursuant to the provisions of section 607.1 Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corpo	ration adopts the following	ng amendment(s)
. If amending name, enter the new na	me of the corporation:			
	B 8 2 B 1 7 B 2			_The new
me must be distinguishable and cont Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associat	ation "Corp," "Inc," or "Co	o". A professional		
Enter new principal office address, i principal office address <u>MUST BE A ST</u>				_
		,		_
Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>				-
				<del>-</del> -
If amending the registered agent and new registered agent and/or the new		s in Florida, enter	the name of the	
Name of New Registered Agent Aldo Di Sorbo				
	2000 State Road	7		
•	(Florida street	•	<del></del>	
New Registered Office Address:	Margate		Florida 33063	
New Registered Office Address:				_

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	Darren Jhagroo	2000 State Road 7 Margate FL 33063
2) Change Add Remove	<u>P,V,T,</u>	S Aldo Di Sorbo	2000 State Road 7 Margate FL 33063
3 ) Change Add Remove		<u> </u>	
4) Change Add Remove		<u>.</u>	
5) Change Add Remove		_	
6) Change Add Remove			

utach additional sheets, if necessary).	(Be specific)
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rovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption: 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 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. Signature (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) Aldo Di sorbo (Typed or printed name of person signing) President (Title of person signing)