

P030000445/9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

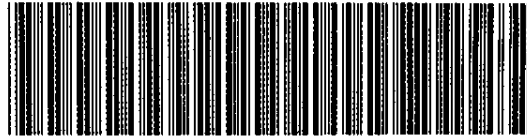
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NC  
KRG  
1/24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** BROWN VAN LINES INC

**DOCUMENT NUMBER:** P03000044519

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

Please return all correspondence concerning this matter to the following:

LAURA BRANDT

Name of Contact Person

BROWN VAN LINES INC

Firm/ Company

2000 N STATE ROAD 7

Address

MARGATE, FL 33063

City/ State and Zip Code

ANNA@MOVINGCOST.COM

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

For further information concerning this matter, please call:

LAURA BRANDT

Name of Contact Person

at ( 954 ) 958-2236

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

enclosed)

☐ \$43.75 Filing Fee &  
Certified Copy

(Additional copy is  
(Additional Copy

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2012

LAURA BRANDT  
BROWN VAN LINES INC  
2000 N STATE ROAD 7  
MARGATE, FL 33063

SUBJECT: BROWN VAN LINES, INC.  
Ref. Number: P03000044519

We have received your document for BROWN VAN LINES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is #M11000000866- COLONIAL VAN LINES LLC. IF YOU ALL ARE THE SAME PEOPLE, WE NEED A LETTER STATING THIS..

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 312A00001571

**Aldo L. DiSorbo**

2000 State Road 7, Margate, FL 33063  
954-958-2236 phone/954-958-2216 fax

**FAX COVER SHEET**

**DATE:** 01/24/12

**PAGES:** 2

**TO:** Karen  
Division of Corporations

**FROM:** Laura Brandt, Executive Assistant to Aldo DiSorbo  
954-958-2236/954-958-2216 fax

**RE:** Brown Van Lines, Inc.  
Colonial Van Lines, Inc.  
Colonial Van Lines, LLC  
Colonial Van Lines Relocation Division, Inc

**MESSAGE:**

Karen, please find attached letter per our conversation.

*Sincerely,*



Laura Brandt  
Executive Assistant to Aldo DiSorbo  
954-958-2236  
954-958-2216 fax




January 23, 2012

To: Division of Corporations  
Attn: Tina Roberts

Re: Colonial Van Lines, Inc. – P04000124962  
Colonial Van Lines, LLC - M11000000866

This letter will serve as notice that the above referenced corporations, Colonial Van Lines, Inc and Colonial Van Lines, LLC, are of the same incorporators.

Sincerely,



Laura Brandt  
Colonial Van Lines  
954-958-2236



January 24, 2012

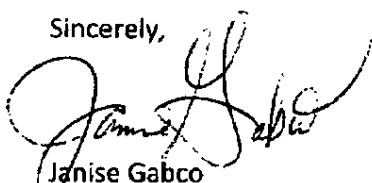
To: Division of Corporations  
Attn: Karen

Re: Colonial Van Lines, LLC – M11000000866  
Colonial Van Lines Relocation Division, Inc. - P00000115298  
Brown Van Lines, Inc. – P03000044519

This letter will serve as notice that the above referenced corporations, Colonial Van Lines, LLC, Colonial Van Lines Relocation Division, Inc. and Brown Van Lines, Inc. are of the same incorporators.

Please submit a name change for Brown Van Lines, Inc. to Colonial Van Lines, Inc.

Sincerely,



Janise Gabco  
Colonial Van Lines  
954-958-2236

Articles of Amendment  
to  
Articles of Incorporation  
of

BROWN VAN LINES INC ,

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

P03000044519

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendments to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

COLONIAL VAN LINES INC

*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

(Florida street address)

New Registered Office 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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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)*

*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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____



[illegible][illegible]

The date of each amendment(s) adoption: 01/19/2012

Effective date if applicable: 01/19/2012

(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 01/19/2012

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 DISORBO

(Typed or printed name of person signing)

PVTS

(Title of person signing)