P04000041071

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JAMES T	RANSPORT,	INC.
DOCUMENT NUMB	ER: P04000041	071	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	EDNA JAMES		
-		Name of Contact Person	1
-	PO BOX 1293	Firm/ Company	
-	FORT LAUDE	Address RDALE, FL 33	3302
-		City/ State and Zip Cod	
love	ebabe2stue@a		·
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
EDNA JAM	ES	at (352	2629300
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301

Articles of Amendment to Articles of Incorporation

of .	
JAMES TRANSPORT, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P04000041071	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to
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 able "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must co	
word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	学
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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:	12 PM 12: 59
Name of New Registered Agent EDNA JAMES	
1445 NW 7TH AVE	
(Florida street address) New Registered Office Address: FT. LAUDERDALE , Florida 33311	
(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	
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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change	CEO		EDNA JAMES		1445 NW 7TH AVE
Add				-	FT. LAUDERDALE, FL 333
Remove					
2) Change		_		-	
Add					
Remove					
3) Change				_	
Add					
Remove					
4) Change		_		<u>.</u>	
Add					
Remove					
5) Change		_		_	
Add					
Remove					
6) Change		_		-	
Add					
Remove					

(Attach	nding or adding addit additional sheets, if ne	cessary).	(Be specific)	ige(s) nele.			
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. <u>If an a</u>	mendment provides fo sions for implementin	or an exchai	ige, reclassifi	cation, or can	cellation of iss	ued shares,	
provis G	sions for implementing If not applicable, indica	g the amend ite N/A)	lment if not c	ontained in the	<u>e amendment</u>	itself:	
(9	in appreciate, manea	110 111/21)					
							
-			•				
			_		•		
							

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 3/11/14	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
(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 3/11/14	
Signature Law James (By a director, president or other officer – if directors or officers have not been	
(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)	
EDNA JAMES AS PR OF ESTATE OF LESTER JAMES	
(Typed or printed name of person signing)	

PERSONAL REPRESENTATIVE OF ESTATE OF LESTER.

(Title of person signing)