P0400005039B

(Requestor's Name)
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(madiood)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Office Use Only
Wave Reid gave authorization to
Correct the Corporate name
12/15
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SECHETARY OF STATEA

12/16/04 Amend 7

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF C	ORPORATION: TRANSFREIGHT	CORP	
DOCUMENT	NUMBER: P04000050398		
The enclosed	Articles of Amendment and fee are	e submitted for filing.	
Please return	all correspondence concerning this	matter to the following:	
	DENISE REID		
	(Name of	f Contact Person)	
	TRANSFREIGHT, CORP		
	(Firm	n/ Company)	
	4631 NW 31ST AVE # 177		
	(.	Address)	
	FORT LAUDERDALE, FLORIDA 333	09	
	(City/ Sta	te/ and Zip Code)	
For further in	formation concerning this matter, p	please call:	
DENISE REID		at (954) 742-332	0
	(Name of Contact Person)	(Area Code & Daytim	ne Telephone Number)
Enclosed is a	check for the following amount:	•	
□ \$35 Filing Fe	ce \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Catherina Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section of Corp 409 E. Gaines St	orations

Tallahassee, FL 32399

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED
O4 DEC 13 PM 3:50
TALLAHASSEE, FLORIDA
FLORIDA

TF	RANSFREIGHT CORPORATION (Name of corporation as currently filed with the Florida Dept. of State)
	(and or corporation to carrying their war to that Super or State)
	P04000050398
	(Document number of corporation (if known)
	to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> e following amendment(s) to its Articles of Incorporation:
EW CO	ORPORATE NAME (if changing):
	ain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") ional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A."
	MENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(stricle Title(s) being amended, added or deleted: (BE SPECIFIC)
DD DIF	ECTOR: JACQUELINE COMOCK
DRES	S: 6390 NW 28 STREET, SUNRISE, FL 33313
 .	
	(Attach additional pages if necessary)
	endment provides for exchange, reclassification, or cancellation of issued shares, provision menting the amendment if not contained in the amendment itself: (if not applicable, indicate
<u>-</u>	

(continued)

The date of each amendment(s) adoption: 11/01/04
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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.
Signed this 06 day of DECEMBER , 2004 .
Signature Denise Reid
(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)
DENISE REID
(Typed or printed name of person signing)
VICE-PRESIDENT
(Title of person signing)

FILING FEE: \$35