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2009 OCT 29 PM 1:50

Amend

OCT. 29 2009

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OBR Stephens Trucking, INC.
DOCUMENT NUMBER: <u>Po 4000 1 6 3 6 11</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolyn Stephens Name of Contact Person
Cb & Stephens) Firm/Company
112 Marjorie anl. Address
auburndale Harida 33823 City/ State and Zip Code
Pom Pom Stephens a Ook, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Order Steplers
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee See Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2009

CAROLYN STEPHENS C & R STEPHENS TRUCKING, INC. PO BOX 595 AUBURNDALE, FL 33823

SUBJECT: C & R STEPHENS TRUCKING, INC.

Ref. Number: P04000163611

We have received your document for C & R STEPHENS TRUCKING, INC. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6925.

Letter Number: 909A00033291

Teresa Brown Regulatory Specialist II

Division of Corporations - P.O. ROY 6327 Tallahasson, Florida 32314

Articles of Amendment

to

Articles of Incorporation of

CAR Steph	ens Tr	uckin	a. INC	ь	
(Name of Corporation as curre	ently filed with th	e Florida Dept	of State)	~ ,	
PO 400 C	16361	1			
(Document Num	ber of Corporation	n (if known)			
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes	s, this <i>Florida I</i>	Profit Corporation	adopts the follo	wing
A. If amending name, enter the new name of	the corporation:	4			
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Cor	p," "Inc," or "	'Co". A professio		
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE			anjorie ndale	AVE	
C. Enter new mailing address, if applicable:			la 3382	3	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>CE BOX</u>)	P.O.B. Aubur Flori	04 595 nda le da 3382	3_	
D. <u>If amending the registered agent and/or remew registered agent and/or the new regis</u>			da, enter the name	e of the	
Name of New Registered Agent:		•		BOCT ?	77
New Registered Office Address:	(Florida	a street address)	, Florida	ARY OF	m
New Registered Agent's Signature, if changin	(City)	ent:	(Zip Code)	LORID	: 50
I hereby accept the appointment as registered as	gent. I am familio	ar with and acce	ept the obligations	of the position.	
Si	ignature of New R	egistered 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) Title Name Address Type of Action Robert L. Stephens

Carolyn Stephens

Carolyn Stephens

Carolyn Stephens ☐ Remove *Mariori e Hul.* 🗆 Add **Remove** ☑ Add ☐ Remove *3383* 3 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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	
Effective date if applicable:	(date of adoption is required)
Ellective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	.,,,
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	0-23-09
Signature(By	Robert L Stephens a director, president or other officer – if directors or officers have not been
selec	sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Robert 1. STephens (Typed or printed name of person signing)
	President
	(Title of person signing)