## PO6000086764

| (Re                     | questor's Name)    | <u> </u>    |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| <b>(</b> Ad             | ldress)            |             |
| (Cit                    | y/State/Zip/Phone  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



400136724454

10/08/08--01022--002 \*\*52.50



NC News-08 10-14-08

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF COR         | PORATION: <u>ABOO</u>                       | Trucking & Tr   | ansit, Inc.   |
|---------------------|---|---|---|
| DOCUMENT N          | UMBER: P0100                                | 00080744  |   |
| The enclosed Artic  | cles of Amendment and fee a                 | re submitted for filing.  |   |
| Please return all c | orrespondence concerning thi                | s matter to the following:  |   |
| <del></del>         | Crystal (Name o                             | Bayly<br>of Contact Person)   | <del></del>   |
|                     | HBCO Trucki                                 | ng & Transit,   | Inc.  |
|                     | 8730 Land                                   | Cashire Dr.   | <u>.</u>  |
|                     | Jacksonv<br>(City/s                         | tate and Zip Code)  | 219   |
| For further inform  | nation concerning this matter,              | please call:  |   |
| Crystal (Nam        | Bailey<br>ne of Contact Person)             | at (811) 122<br>(Area Code & Daytime                                | 2-8008<br>e Telephone Number)   |
| Enclosed is a chec  | ck for the following amount n               | nade payable to the Florida De                                      | partment 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 A           |   | Street Address  |   |

**Division of Corporations** 

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

## Articles of Amendment **Articles of Incorporation**

| 200-                                   | FILA                           |
|--|--------------------------------|
| ZOOB OF TALFCRE                        | 7.8.50                         |
| ************************************** | AN 9.38                        |
| f State)                               | CT 8 AM 9:38  REFORSTATE ORION |

(Document Number of Corporation (if known)

| If amending name, enter the new name o  | the corporation:               | •                             |
|---|--------------------------------|-------------------------------|
| ABOD Trans  | it, Inc.                       |                               |
| e new name must be distinguishable a<br>acorporated" or the abbreviation "Corp.,"<br>o". A professional corporation nam<br>occiation," or the abbreviation "P.A."   | "Inc.," or Co.," or the de.    | signation "Corp," "Inc," or   |
| Enter new principal office address, if app  | licable:                       |                               |
| incipal office address <u>MUST BE A STREE</u>   | T ADDRESS )                    |                               |
|   |                                |                               |
|   |                                |                               |
| Enter new mailing address, if applicable  |                                |                               |
| ALTERNATION OF THE RESERVE OF THE PROPERTY OF |                                |                               |
| (Mailing address <u>MAY BE A POST OFFI</u>  |                                |                               |
| (Mailing address <u>MAY BE A POST OFFI</u>  |                                |                               |
| (Mailing address <u>MAY BE A POST OFFI</u>  |                                |                               |
|   | <u></u>                        | Jorida, enter the name of th  |
| If amending the registered agent and/or   | egistered office address in J  | Torida, enter the name of th  |
| If amending the registered agent and/or   | egistered office address in J  | Torida, enter the name of th  |
| (Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new registered Agent:  | egistered office address in J  | Florida, enter the name of th |
| If amending the registered agent and/or new registered agent and/or the new regi  | egistered office address in J  |                               |
| If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent:  | registered office address in I |                               |

the position.

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)

| <u>Title</u>         | <u>Name</u>  | Address  | Type of Action                             |
|----------------------|--|--|--|
|                      |  |  | Add Remove                                 |
|                      |  |  |  |
|                      |  |  |  |
| E. If ame<br>(attach | nding or adding additional A<br>additional sheets, if necessary)                               | rticles, enter change(s) here:<br>(Be specific)                              |  |
|                      |  |  |  |
|                      |  |  |  |
| provi                | amendment provides for an e<br>sions for implementing the an<br>fnot applicable, indicate N/A) | schange, reclassification, or cancell<br>nendment if not contained in the am | ation of issued shares,<br>endment itself: |
|                      |  |  |  |
|                      |  |  |  |
|                      |  |  |  |
|                      |  |  |  |

| The date of each amendment(s) adoption: $\frac{10/408}{}$   |
|---|
| Effective date if applicable: 10/0/08   |
| (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  |
| 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   |
| 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) |
| By a Bailey (Typed or printed name of person signing)   |
| President (Title of person signing)   |