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14 JUN 20 PH 3: 33

JUL 0 7 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: RAB TRANSPORT, INC				
DOCUMENT NUMBER: P06000150116				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Robert Hernandez  Name of Contact Person				
RAB Transport Inc.				
POBOX 6996  Address				
POBOX 6996  Address  Brandon, FL 33508  City/ State and Zip Code				
ROBH327 a gmail. com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Robert Hernande 2 at (813) 927 - 4709  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation of

14 JUN 20 PH 3: 34

RABT	RANSPORT	INC	14 JUN 20	PH 3: 34
(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)	SECER	;
POI	000015011	<u>o</u>	<b>EALL</b> (A)	
(Document N	umber of Corporation (if	known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Flòrida Statutes, this <i>F</i>	lorida Profit Corporatio	on adopts the following	amendment(s) t
A. If amending name, enter the new name	of the corporation:			
Direct Tran	sport, Inc	١,		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	the word "corporation, n "Corp," "Inc," or "C	" "company," or "inc o". A professional cor	orporated" or the ab	breviation
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STRE</u>			evels Rd ew, FL	,
		3356		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		NJA		
D. If amending the registered agent and/or new registered agent and/or the new re-		ss in Florida, enter the	name of the	
Name of New Registered Agent	N/A			
	(Florida stree	t address)	<u> </u>	
New Registered Office Address:	NIA	. Flo	rida	
new negaserea Office naaress.	(City)	, F10	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ging Registered Agent:	th and accept the obliga	, ,	
/	V/A			
Signati	ire of New Registered Ag	ent, 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 Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Remove			
2) Change		N/A	47 W 14 M 14
Remove 3) Change		NIA	
Add Remove			
4) Change		NIA	
Add Remove			
5) Change		_ N/A	
Remove			
6) Change		NIA	ANATON Andrew date replace and a second and a
Add Remove			<del></del>

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ndment provides for an exchange,	reclassification, o	r cancellation of is	sued shares,	
ns for implementing the amendment of applicable, indicate N/A)	nt if not contained	in the amendmen	<u>itself:</u>	
••				
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (0) 17/14  (no more than 90 days after amendment file date)	-
(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)	
(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 6-17-14	
Signature Robert Howard	_
(By a director, president or other officer — it 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)	
appointed fiducially by that fiducially,	
Robert Hernandez	
(Typed or printed name of person signing)	_
Dresident	
President (Title of person signing)	_