

P07000120565

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(City/State/Zip/Phone #)

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(Business Entity Name)

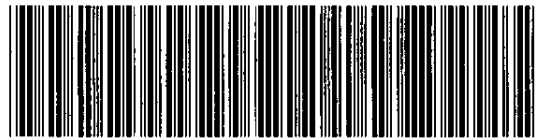
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Amend/mc

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -3 PM 3:28

Roberts APR 07 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: U.S.A. TRANSPORT VAN LINES, INC.

DOCUMENT NUMBER: P07000120565

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ORLY ABIHAZIRA
(Name of Contact Person)

U.S.A. TRANSPORT VAN LINES, INC.
(Firm/ Company)

20400 NE 15TH COURT.
(Address)

MIAMI, FL 33179.
(City/ State and Zip Code)

For further information concerning this matter, please call:

OFER BEN SHOSHAN. at (954) 347-2165
(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

☐ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
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(Name of Corporation as currently filed with the Florida Dept. of State)

P 07000 120565.

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

PREMIERE VAN LINES, INC.

20400 NE 15th CT
Miami, FL 33179.

N/A.

N/A

_____, Florida _____
(City) (Zip Code)

N/A.

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

The date of each amendment(s) adoption: 4-1-09

Effective date if applicable: _____
(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)

☐ 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 4/1/09

Signature [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)

ORLY ABIHAZIRA
(Typed or printed name of person signing)

Owner/president
(Title of person signing)