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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : FLORIDA TRUST INSURANCE INC.

Account Number : 120070000133 Phone : (305)883-8488 Fax Number : (305)883-8693

TRUST INSURANCE INC.

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-8488
-8693

REFERENCE INC.

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

MECFIVED
2009 MAY 15 AM 8: OH
SECRETARY OF STATE
ALLAHASSEE, FLORIN

## # 1 USA TRANSPORT CORP

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**COVER LETTER** TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ## **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pirm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$35 Filing Fee ☐ \$43.75 Filing Fee &

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

■ \$43.75 Filing Fee &

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**□ \$52.50 Filing Fee** 

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(Additional Copy is enclosed)

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

(Additional copy is enclosed)

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1-14-2009(THU) 17:13 FLORDA TRUS	T INSURANCE	(FAX)3058838693 P 003/00 2009 MAY 15
#1 USA Tra	to Articles of Inc of	corporation ALLAFTARY COSTATE ORIFE
(Name of Corporation as curr POGOO (Document Num	rently filed with OOOSI mber of Corporat	741
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statu	ntes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of	of the corporation	<u>on:</u>
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Ĉ ofessional associ	•
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		2777 S. Evergreen Cir Poyton Beach FL 33424
C. Enter new malling address, if applicable (Mailing address MAY BE A POST OFFI		DM S. Evergreen Cir Pouton Broch FC 33470
D. If amending the registered agent and/or new registered agent and/or the new regi		
Name of New Registered Agent:		
New Registered Office Address:	(Flori	ida street address)
		, Florida (Zip Code)

Page 1 of 3

Signature of New Registered Agent, if changing

<u>Nam</u>	<del>č</del>	Address	Type of Action
			☐ Add ☐ Remove
:	- Control of the Cont		
h additional s	lding additional Art heets, if necessary).	ticles, enter change(s) here; (Be specific)	

Page 2 of 3

The date of each amendment	(a) adoption; 5   W   109 · 5   W   109
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days ofter amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wed by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment( are sufficient for approval.
	ce approved by the shareholders through voting groups. The following statem d 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)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	5/4/09/ LATED
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Prenal Coper Se.  (Typed or printed name of person signing)
	(Title of person signing)
	/