

PO9458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

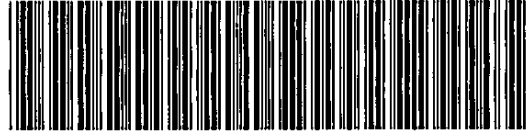
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STYLE CREST TRANSPORT, INC. (fka P.F.I. TRANSPORT, INC.)
(Name of Corporation)

DOCUMENT NUMBER: P09458

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY BETH SCHAEFER
(Name of Contact Person)

STYLE CREST TRANSPORT, INC.
(Firm/Company)

2450 ENTERPRISE STREET, DRAWER A
(Address)

FREMONT, OH 43420
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY BETH SCHAEFER at 419-333-5682
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="checked" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

P09458

(Document number of corporation (if known))

1. P.F.I. TRANSPORT, INC.
(Name of corporation as it appears on the records of the Department of State)
2. OHIO 3. MARCH 19, 1986
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? SEPTEMBER 29, 2006
5. STYLE CREST TRANSPORT, INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)


(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

PHILLIP BURTON
(Typed or printed name of person signing)

SECRETARY/TREASURER
(Title of person signing)

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail to One of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by
 Shareholders or Members
 (Domestic)
 Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit		PLEASE READ INSTRUCTIONS		(2) Domestic Non-Profit	
<input type="checkbox"/> Amended (122-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)		

Complete the general information in this section for the box checked above.

Name of Corporation PFI Transport, Inc.
 Charter Number 555207
 Name of Officer Henry Valle
 Title President

☐ Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that

☐ A meeting of the ☐ shareholders ☐ directors *non-profit amended articles only*

☐ members was duly called and held on _____
 (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

☒ In a writing signed by all of the ☒ shareholders ☐ directors *(non-profit amended articles only)*
☐ members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Style Crest Transport, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township)
(county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)

Henry Velle

Authorized Representative

Henry Velle, President
(Print Name)

September 28, 2006
Date

Authorized Representative

(Print Name)

Date