# P1000000 7732

(Re	questor's Name)	
. (Ad	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,
	•	

Office Use Only



**C.COULLIETTE** 

MAR 24 2010

**EXAMINER** 



700168021527

02/09/10--01001--009 \*\*\*35.00

SUFFICIENCY OF FILING

DEPARTMENT OF STATE

IN MAR 24 AM 8: 17

### COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION:	M.A.B. TRUCKING IN	<u>C</u>
DOCUMENT NUM	BER:	P10000007732	
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corre	spondence concerning th	is matter to the following:	
		TEPHEN MANDELL	
	N	Name of Contact Person	
	CARR	RIER SERVICES OF FL	
		Firm/ Company	
_	1357 E	LAFAYETTE STREET	
		Address	
		_AHASSEE, FL 32301	<u> </u>
		City/ State and Zip Code	
·	STEPHEN.MANDEL E-mail address: (to be use	L@RABONINSURANCE.COM for future annual report notification)	1
For further information	on concerning this matter,	, please call:	
STEPHON Name of	MANDE C Contact Person	at ( 850) 942-3 Area Code & Daytime Tel	7823 lephone Number
Enclosed is a check for	or the following amount r	made payable to the Florida Depar	tment 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 Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	le

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2010

STEPHEN MANDELL CARRIER SERVICES OF FL 1357 E LAFAYETTE ST TALLAHASSEE, FL 32301

SUBJECT: M A B TRUCKING INC Ref. Number: P10000007732

We have received your document for M A B TRUCKING INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 910A00003328

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

M A B TRUCKING INC

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

#### P10000007732

(Document Number	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation adopt	s the follov
A. If amending name, enter the new name of the	he corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the diname must contain the word "chartered," "professions"	esignation "Corp," "Inc	c," or "Co". A professional con	
B. Enter new principal office address, if applic	eable:		cris
(Principal office address MUST BE A STREET.			- XX
			皇蘇
			10 MAR 24 AM 8: 17
C. Fatan and mailing address if and limble.			, E C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		至了
			Ġ
			ند
D. If amending the registered agent and/or reg		n Florida, enter the name of the	2
new registered agent and/or the new registe	ered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
		`, Florida	
<del>-</del>	(City)	(Zip Code)	
New Degistered Agent's Signature if shanning	Dogistared Agents		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations of the	position.
	•		
- Sig	nature of New Projetore	d Agant 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)

Title ·	<u>Name</u>	Address	Type of Action
PRES	MARK BOWDEN	10000 STEVEN DR POLK CITY, FL 33868	□ Add ☑ Remove
PRES	BELINDA BOWDEN	10000 STEVEN DR POLK CITY, FL 33868	☑ Add □ Remove
F. If an a	mendment provides for an exchange ons for implementing the amendme	e, reclassification, or cancellation of	issued shares,
	not applicable, indicate N/A)	nt it not contained in the amendme	iii iiseii.

The date of each amendment(s) adoption: 2/0×10
Effective date if applicable: 02/08/2010
(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 2/8/2010
Signature State of the State of
(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)
STEPHEN MANDELL
(Typed or printed name of person signing)
(Title of person signing)
> Belida Barden
Belinda Bowden - President