# P100000 41813

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| ☐ PICK-UP               | ☐ WAIT             | ☐ MAIL    |
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| (Do                     | ocument Number)    |           |
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| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE AND A HASSEE. FLORIDA

FILED

Amend News 6-22-10

### **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: NDP TRANSPO             | ORTATION & DELIVERY IN                                  | IC                                    |   |
|--|---|---------------------------------------|---|
| DOCUMENT NUMBER: P10000041813                |   | · · · · · · · · · · · · · · · · · · · |   |
| The enclosed <b>Articles of Amendment</b> ar | nd fee are submitted                                    | for filing.                           |   |
| Please return all correspondence concern     | ing this matter to the                                  | following:                            |   |
|  |   |                                       | •   |
| ROBIN PERRY                                  |   |                                       |   |
| Name   | e of Contact Person                                     |                                       |   |
| NDP TRANSPORTATION & DELIVERY INC            | •   |                                       | 1   |
|  | Firm/ Company   | í                                     |   |
|  |   |                                       |   |
| 2040 ROGERS AVE                              | Address   |                                       |   |
| ·  |   |                                       |   |
| MAITLAND, FL 32751<br>City/                  | State and Zip Code                                      |                                       |   |
| ·  | ·   | 1                                     |   |
| mrobinscpa@yahoo.com                         |   |                                       |   |
| E-mail address: (to be us                    | sed for future annual rep                               | ort notificatio                       | n)  |
| For further information concerning this ma   | tter, please call:                                      |                                       | ·   |
|  |   | •                                     |   |
| ROBIN PERRY  Name of Contact Person          | at <u>407841195</u><br>Area Code                        | & Daytime 1                           | elephone Number   |
| Enclosed is a check for the following amor   | unt made payable to                                     | the Florida                           | a Department of State:  |
| X \$35 Filing Fee                            | \$43.75 Filing Fee 8 Certified Copy (Additional copy is |                                       | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy |
|  |   |                                       | (Additional Copy is enclosed)                                 |
| Mailing Address                              | Street Address  |                                       |   |

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

## **Articles of Amendment** to

TASECRETOR A 10 46 **Articles of Incorporation** of

NDP TRANSPORTATION & DELIVERY INC (Name of Corporation as currently filed with the Florida Dept. of State) P10000041813 (Document Number of Corporation (if known)

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

|  |                                       | The new                                |
|--|---------------------------------------|--|
| ame must be distinguishable and contain the word<br>bbreviation "Corp.," "Inc.," or "Co.," or the designat | · · · · · · · · · · · · · · · · · · · | · ·                                    |
| ame must contain the word "chartered," "profession   | · · · · · · · · · · · · · · · · · · · | •                                      |
| . Enter new principal office address, if applicat  | hle:                                  |  |
| Principal office address MUST BE A STREET AL   | ····                                  |  |
|  |                                       |  |
|  |                                       | ······································ |
| . Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO                    | OY)                                   |  |
| (Maning address MAT BE AT OST OFFICE BO  | <u></u>                               |  |
|  |                                       |  |
| . If amending the registered agent and/or regi   | stered office address in Florida      | a, enter the name of the               |
| new registered agent and/or the new registered   | ed office address:                    |  |
| Name of New Registered Agent:  | •                                     |  |
| _  |                                       |  |
| New Registered Office Address:   | (Florida street address)              |  |
| <u>-</u>   |                                       | , Florida                              |
|  | (City)                                | (Zip Code)                             |

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

### NOP TRANSPORTATION & DELIVERY INC

ATX1

## 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>Titl</u> | <u>e</u> .   | Name  | Address                        | Type of Action |
|-------------|--------------|---|--------------------------------|----------------|
| PD          |              | ROBINSON, MAURICE   | 2040 ROGERS AVE                | . Add          |
|             | <del></del>  |   | MAITLAND, FL 32751             | Remove         |
| PD          |              | PERRY, ROBIN  | 2040 ROGERS AVE                |                |
|             |              |   | MAITLAND, FL 32751             | Remove         |
|             |              |   |                                | Add            |
|             |              |   | -                              | Remove :       |
|             |              |   | •                              |                |
| E.          |              | or adding additional Articles, enter char                         | nge(s) here:                   |                |
|             | (attach addi | tional sheets, if necessary). (Be specific)                       |                                |                |
|             |              |   |                                |                |
|             |              |   |                                |                |
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| F.          |              | lment provides for an exchange, reclassi                          |                                |                |
|             |              | for Implementing the amendment if not c<br>licable, indicate N/A) | ontained in the amendment itse | <u>lf:</u>     |
|             | (ii noi upp  | icabio, indicato (4/7)  |                                |                |
|             |              |   | ·                              |                |
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|             |              |   | ı                              |                |
|             |              |   |                                |                |
|             |              |   |                                |                |

|       | DR TRANSPORTATION & DELIVERY INC date of each amendment(s) adoption:               | 6/15/2010   |
|-------|--|---|
| . ,   | • •  | (date of adoption is required)  |
| ·Effe | ctive date <u>if applicable</u> :  (no more than 9                                 | 90 days after amendment file date)  |
| Ado   | ption of Amendment(s) (CHI   | ECK ONE)  |
| X     | The amendment(s) was/were adopted by t by the shareholders was/were sufficient for | he shareholders. The number of votes cast for the amendment(s) rapproval.   |
|       |  | the shareholders through voting groups. The following statement og group entitled to vote separately on the amendment(s):                                 |
|       | "The number of votes cast for the an   | nendment(s) was/were sufficient for approval  |
|       | by(voting gro  | up)   |
|       | The amendment(s) was/were adopted by t action was not required.                    | the board of directors without shareholder action and shareholder   |
|       | The amendment(s) was/were adopted by t action was not required.                    | the incorporators without shareholder action and shareholder  |
|       | Dated6/15/   | /2010   |
|       | · ·  | sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court y by that fiduciary) |
|       | MAURICE ROE  | BINSON  |
|       | •  | Typed or printed name of person signing)  |
|       | Pres   | 7561  |
|       | (Title   | of person signing)  |