

P10000056583

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600188542106

12/13/10--01021--003 **35.00



Amera C.COULLIETTE JAN 07 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Edwards Family Trans	port Inc Name of Corporation	
DOCUMENT NUMBER: P1000005	6583	
The enclosed Articles of Correction and i	fee are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
SHELDON F JOHN Name of Contact Person		
SOLOMON FINANCIAL CONSULTA	NTS INC	
Firm/Company		
2050 POLO GARDENS DR # 207		
WELLINGTON FL 33414 City/State and Zip Code		
LEGAL@SOLOMONFINANCIALCORP.COM E-mail address: (to be used for future annual report notification)		
For further information concerning this m	natter, please call:	
SHELDON F JOHN	at (954) 358 9538	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
☑ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2010

SHELDON F. JOHN SOLOMON FINANCIAL CONSULTANTS INC 2050 POLO GARDENS DR #207 WELLINGTON, FL 33414

SUBJECT: EDWARDS FAMILY TRANSPORT INC.

Ref. Number: P10000056583

We have received your document for EDWARDS FAMILY TRANSPORT 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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: 610A00028860

11 JAN -6 AM II: 50

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EDWARDS	Family Transport Inc.
DOCUMENT NUMBER: P10000058	5583
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Stieword F. Name of C	Torisi Contact Person
Solomoni Financia	Company In.
2050 Polo GARDEL	$\frac{\sqrt{\sqrt{r}}}{\sqrt{r}} = \frac{4707}{\sqrt{r}}$
Wellington Fi City/State	33414 and Zip Code
Legal & Solonon Finance Estimail address: (to be used for futu	realCorp. (om treannual report notification)
For further information concerning this matter, please	call:
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section An Division of Corporations Division of Corporations CI P.O. Box 6327 CI	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

EDWARDS	Family Trans	coart The	
(Name of Corporation as curre			
Dina	000 56583		
	ber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation adopts	the following
A. If amending name, enter the new name of	the corporation:		
• •		. 7	The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro,	designation "Corp," "Inc	e," or "Co". A professional corp	or the poration
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)			TALLAHASSEE, FLORID
D. If amending the registered agent and/or r new registered agent and/or the new regis		n Florida, enter the name of the	: 29 LORIDA
Name of New Registered Agent:			<i>y</i>
New Registered Office Address:	(Florida street d	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changir I hereby accept the appointment as registered a		and accept the obligations of the po	osition.
<u> </u>	ignature of New Registere	d Agent, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	BARRY EdwARDS	300 E OAKIAND POZ Blod #272 WUTEN MANOE FL 33:	Remove
<u> </u>	BARRINGTON EDWARDS	300 E DAKIMAN PARK Blud # 272 Wilten Manny: FK 333	[2] Add □ Remove

	ding or adding additional Articles, ente		
LISTE	NAME OF PRESIDENT	-) "OWARUS BARRY	" <i>ù</i>
	et IN Spelling And MI	,	
	_		your
FIURIDI	a Night of TRANSPORTAL	TONE DOCUMENTS.	
Corre	of Spelling OF (P) is	: EDWARDS BARRIN	16TONI
provisi	mendment provides for an exchange, reons for implementing the amendment in ot applicable, indicate N/A)		

The date of each amendment	(s) adoption: 12/30/10 (date of adoption is required)
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated 12/	30/10
Signature (By selection)	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	**EARRINGTON EDWARDS (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)
	(