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(((H10000207347 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.

Account Number: I20040000173

Phone : (407)298-4646
Fax Number : (407)297-0588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emmil Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN "C & B"TRANSPORT,INC

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9/20/2010

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September 20, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

*C & B*TRANSPORT, INC 2807 ABALONE BLVD ORLANDO, FL 32833US

SUBJECT: "C & B"TRANSPORT, INC

REF: P10000063507

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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 conderning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II FAX Aud. #: B10000207347 Letter Number: 610A00022337

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OSEP 21. M. 8: 00

SECRETARIE FLORIDA

FALAHASSEE FLORIDA

FAX AUOIT # HIOCO 207347 3 COVERLETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	"C & B" Transport, Inc	<u> </u>			
DOCUMENT NU	MBER:	P10000063507				
The enclosed Artic	les of Amendment and fee	are submitted for filing.				
Picase return all co	rrespondence concerning th	ois matter to the following:				
	James K. Duerr, CPA					
	1	Name of Contact Person				
	Small Bus	sineas Resources USA, inc.				
		Firm/ Company				
	160 <u>1</u> P	ark Center Drive, Ste. 6A				
		Address	_			
		Orlando, FL 32835				
•		City/ State and Zip Code				
	JimDo	@sbrorlando.com				
	E-man somess. (10 be us	ed for rutura minual report notification)				
For further informa	ation concerning this matter	, please call:				
Jam	es K. Duerr, CPA	at (· 407) 2 Area Code & Daytime To	98-4646			
Name	of Contact Person	Area Code & Daytime To	lephone Number			
Enclosed is a check	k for the following amount	made payable to the Florida Depar	rtment of State:			
S35 Filing Fec	2 \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Piling Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Ac		Street Address				
Amendmen		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

FAX AUDIT # H 100002073473

A	Articles of Amendment	t	
Á:	rticles of Incorporation	0	
•	of	•	9 0 2
"C & B" <u>T</u>	Fransport, Inc		L SE
(Name of Corporation as curren	the filed with the Florida	Dept. of State)	表
P100	00063507		18.00
(Document Numb	per of Corporation (if know	wn)	mic.
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corporation a	dopts the follow
A. If amending name, enter the new name of t	the corporation:		ů,
C & B Tran	sport Group, Inc	<u></u>	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "professions"	lesignation "Corp," "Inc,	" or "Co". A professiona	ated" or the il corporation
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u>	cable: 'ADDRESS')		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)		
D. If amending the registered agent and/or repart new registered agent and/or the new registered.		Florida, enter the name o	of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			the position.

Page 1 of 3

FAX ANOTH H 100002073473

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
			Add Remove
	· · · · · · · · · · · · · · · · · · ·	4	Add Remove
(ancer ac	iditional sheets, if necessary). (Be sp	scurc)	
<u>provisio</u>	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)	reclassification, or cancel if not contained in the ar	lation of issued shares, nendment itself:
			·

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c _ `_	21	2010				
seb	~ I	2010	10:00AM	SBR	HSA	INC

407-297-0588

.. P.6

	FAX	A4011 #	H	10000 2073 47 3
The date of each amendmen		· ·		
The agre of each amenamen		(date of adoption	n is re	equired)
Effective date if applicable:		<u> </u>		Al- Jana
	(NO MOFE INON Y	0 days after amend	17718711	Jus ame)
Adoption of Amendment(s)	(CH	ECK ONE)		
The amendment(s) was/weby the shareholders was/w			num	ber of votes cast for the amendment(s)
				voting groups. The following statement eparately on the amendment(s):
"The number of votes	s cast for the amen	iment(s) was/were	suffi	cient for approval
by	(voting group)			
	(voting group)			
The amendment(s) was/we action was not required.	ere adopted by the	board of directors	witho	out shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators with	out sl	hareholder action and shareholder
· —	2-20-10			
Signature 4	Church	D-		
				directors or officers have not been
	pointed fiduciary b		anas	of a receiver, trustee, or other court
		Christopher		
	(Тут	ed or printed name	¢ of p	erson signing)
		Presid	ient	<u> </u>
	(Title of	person signing)		