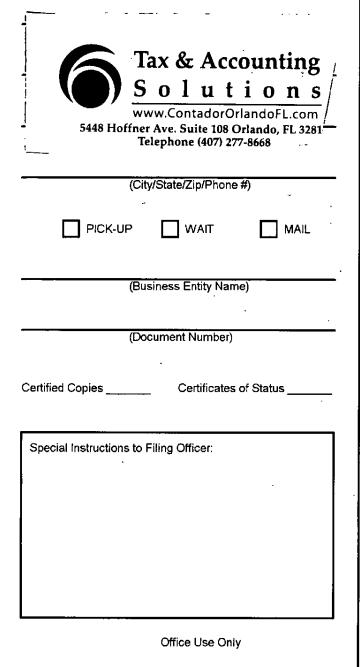
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CK & P TRANSPORTA	ATION INC	
DOCUMENT NUMBER: P10000102	042	
The enclosed Articles of Correction and fe		
Please return all correspondence concerning	g this matter to the following:	
HECTOR D ABRAHAM		
Name of Contact Person		
TAX & ACCOUNTING SOLUTIONS		
Firm/Company		
5448 HOFFNER AVE SUITE # 108		
Address		
ORLANDO, FL 32812 City/State and Zip Code		
HABRAHAM5@YAHOO.COM E-mail address* (to be used for future annual re	port notification)	
For further information concerning this ma	atter, please call:	
HECTOR D ABRAHAM Name of Contact Person	at (407) 277-8668 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	unt:	
	☐ \$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 Tallabassee, FL 32301	

ARTICLES OF CORRECTION

for

CK & P TRANSPORTATION INC Name of Corporation as currently filed with the Florida Dept. of State

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11 JAN 22	
TALLAHASSEE, FLOR	: 26
MOSEE, FLOR	TE

P10000102042

Document Number (if known)	— · · · · · · · · · · · · · · · · · · ·
	*
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Stathese Articles of Correction within 30 days of the file date of the docum	atutes, this corporation files nent being corrected.
These articles of correction correct ARTICLE VIII	,
(Document Type Being C	Corrected)
filed with the Department of State on DECEMBER 20, 2011 (File Date of Document)	<u>-</u> •
Specify the inaccuracy, incorrect statement, or defect:	
EFFECTIVE DATE JANUARY 01, 2011	
Correct the inaccuracy, incorrect statement, or defect:	
- Dat All	
(Signature of a director, president or other officer - if directors or officer not been selected, by an incorporator - if in the hands of the receiver, to other court appointed fiduciary, by that fiduciary.)	s have ustee, or
Hecky Abrohom	Incorporato,
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00