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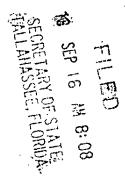
		
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SEP 23 2013

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: State By State Transporters Incomment Number: P1/2000 24246
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
State By State Transporters Firm/ Company 2400 N. Searnest Bly d Address Boynton Beach Fl 33435 City/ State and Zip Code Transporters E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Max Seymour at (786) 365-0865 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Anto to Articles of Inco of State Transported Transpor	orporation SEP 6 AM 8: 07 SECRETARIO STATES Orida Dept. of State) ALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered." "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Blvd Boynton Beach FL 33435
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 Park Street Lake Worth FL 33460
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
Name of New Registered Agent Name of New Registered Agent Classes	k Street, Lake North 33460
New Registered Office Address: (City)	Norida 33460 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we signature at New Registered Agent. Signature at New Registered Agent.	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	Lucius Saymour	2000 Park Street
Add			Late Worth I-L
Remove			33460
2) Change	PCE	O Patria Symour	Boynton Beach
Remove 3) Change Add	P <u>CF</u> O	610ria Soto	FL 33435 2020 Park Street Lake Worth PL
Remove			33460
4) Change Add	B		
Remove			
5) Change Add Remove			
6) Change Add			
Remove			

L. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
	
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. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and and an analysis of the same of the
(if not applicable, indicate N/A)	nument if not contained in the amendment usen:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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.	
$\frac{9/13/2013}{}$	
Signature Oalim dy	
(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)	
Potricia Seyman	
(Typed or printed name of person signing)	
Talum his	
(Title of person signing)	