

P11000091827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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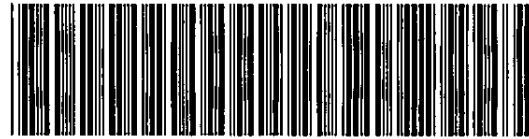
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/08/13--01026--018 **35.00

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10/16/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAIN MOTOR FREIGHT, Inc.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARLENE GAUNT
Name of Contact Person

CAIN MOTOR FREIGHT, Inc.
Firm/ Company

1136 NE Pine Island Rd. Unit #12
Address

CAPE CORAL, FL 33909
City/ State and Zip Code

SMOARLES.cmf@b-n-a-i.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARLENE GAUNT at (239) 673 7495
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

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
Articles of Incorporation
of

CAIN MOTOR FREIGHT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

1136 NE Pine Island Rd.
Unit # 12
CAPE CORAL, FL 33909

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1136 NE Pine Island Rd.
Unit # 12
CAPE CORAL, FL 33909

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ARLENE GAUNT

1136 NE Pine Island Rd Unit # 12
(Florida street address)

New Registered Office Address: CAPE CORAL, Florida 33909
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

ARLENE GAUNT
Signature of New Registered 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)

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☒ Add

☐ Remove

SCFO Arlene GAUNT

1136 NE Pine Island Rd

Unit # 12

CAPE CORAL FL 33909

2) ☐ Change

☐ Add

☒ Remove

R

DAMIAN Rodriguez

1136 NE Pine Island Rd

CAPE CORAL FL #12

33909

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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

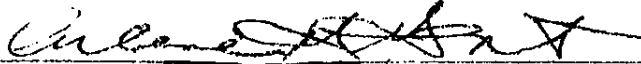
by _____"
(voting group)

☐ 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.

Dated 10/4/13

Signature


(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)

ARLENE G. GAULT

(Typed or printed name of person signing)

SCFO

(Title of person signing)

To Whom It May Concern,

10/4,'13

This is to inform you, **effective immediately**, our physical address, as well as our telephone numbers have changed. (MC# 699197).

Previous address and telephone numbers are:

Cain Motor Freight, Inc.

413 NE Van Loon Lane Suite#126

Cape Coral, FL. 33909

P-(239)-945-1440

Our new address and telephone numbers are:

Cain Motor Freight, Inc.

1136 NE Pine Island Rd. Unit#12

Cape Coral, FL. 33909

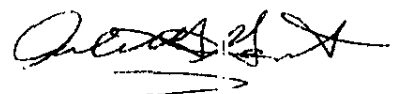
P-(239)-673-7495

F-(239)-673-9348

Email: Jmorales.cmf@gmail.com

Please update your records accordingly!

Thank You!

A handwritten signature in black ink, appearing to be "J. Morales", with a horizontal line underneath it.