P13000016742

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COVER LETTER

TO: Amendment Section
Division of Corporations

	CARRIERS INC	
DOCUMENT NUMBER: P13000016742	2	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
ROBERT PLANTZ	<u>z</u>	
	Name of Contact Person	
DOUBLE P CARR	RIERS INC	
	Firm/Company	
1861 SE FAIRFIE	LD ST	
	Address	
PORT ST. LUCIE	, FL. 34983	
	City/ State and Zip Code	
DOUBLEPCARRIERI	NC@GMAIL.CO	М
	d for future annual report m	
For further information concerning this matter, please	call:	
ROBERT PLANTZ	at (772	834-0520
Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made pa	syable to the Florida Depart	ment of State:
\$35 Filing Fee \$\text{\$\subset\$\$ \$43.75 Filing Fee & Certificate of Status}\$	Certified Copy (Additional copy is enclosed)	\$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	Clifton P	ent Section of Corporations titing cuttive Center Circle

Articles of Amendment to Articles of Incorporation

20113 MAR - 6 PM 4:57 DOUBLE P CARRIERS INC. (Name of Corporation as currently filed with the Florida Dept, of State) P13000016742 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered seemt 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 (Florida street address) New Registered Office Address: Florida (Zip Code) (City)

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.

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 ax Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	1.Doe	
X Remove	<u>V</u> <u>Mik</u>	c Jones	
_X Add	<u>Sv</u> Sail	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change X Add Remove	CFO	ELIZABETH A. ODELLI	25186 OBELISK CT. PUNTA GORDA, FL. 33983
2) Change Add Remove			
J) Change			
4) Change			
Remove 5) Change Add			
Add Remove	<u></u>		

If amending or adding additional Article (Attach additional sheets, if necessary).		ge(s) here:			
I/A					
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If an amendment provides for an exch	anna madanifi		thating of leaved	Lahunan	
provisious for implementing the ame	edment if not or	estained in the	omendment itse	1.200 co.	
(if not applicable, indicate N/A)	aomine n nor th	MONING IN CAL	ameninedr itse	· <u>u :</u>	
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The date of each amendment(s) adoption: $\frac{2/2!}{20!3}$
Effective date if applicable: $2/21/2013$
(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)
(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 $2/2/(3$
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)
Robert C. PLANT2 (Typed or printed name of person signing)
(Title of person signing)