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(Re	equestor's Name)	
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Amend Manish 8 Ma 2/5/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Peer Tra		Inc.
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this ma	atter to the following:	
Michael P. Wil	liams, Preside	ent
	Name of Contact Perso	
-	Firm/Commony	
6413 Congres	Firm/ Company s Avenue , Sui	te 260
	Address	
Boca Raton, F		
	City/ State and Zip Cod	
angela.taylor@tra		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Angela Taylor	_{at (} 904	407-1692
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address	
Division of Corporations	Amendment Section Division of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Peer Transport Group, Inc.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation: Integrated Intermodal Transportatio	n Inc
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 "P	" "company," or "incorporated" or the abbreviation o". 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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14 JAN 31
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	t address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Registered Ag	ent 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: X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CFO	John Jacobi	6413 Congress Ave, Ste 26
Add Remove	•		Boca Raton, FL 33487
2) Change	VP	Bill Moore	8720 Somers Road
Add			Jacksonville, FL 32226
Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach <i>additional sheets</i> ,	if necessary). (Be specif	îc)		
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an amendment provid	des for an exchange, reclar enting the amendment if n	ssification, or cancella	tion of issued shares	4
if not applicable, in	nting the amendment if it	ot contained in the am	enument itsen.	
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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) (<u>CHECK ONE</u>)	
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	
Signature Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporato - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Michael P. Williams	
(Typed or printed name of person signing)	
President	
(Title of person signing)	