# P14000028726

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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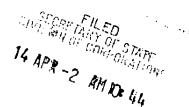
Amend 19.14

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: A TO B TO	TRANS INC 28726		•
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
PAL BADICS			
A TO B TRAN	Name of Contact Person		
5860 W SAMF			
CORAL SPRI	<del></del>		
BADICSP@YAHO	City/ State and Zip Code  OO.COM  sed for future annual report		
For further information concerning this matter, plea	se call:		
PAL BADICS	at ( 646	279-8002	-
Name of Contact Person	Area Co	de & Daytime Telephone Nun	nber
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of



### A TO B TRANS INC

(Name of Corporation as currently filed with the FI P14000028726	orida Dept. of State)
(Document Number of Corporation (if	`known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
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 "I	t," "company," or "incorporated" or the abbreviation  Co". A professional corporation name must contain the
• •	2214 25th Avenue #A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	Gulfport, MS 39501
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  N/A	
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w  Signature of New Registered A	vith and accept the obligations of the position.

## 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.

Mike Jones, v as kemove	, ana sau	osmun, sv as an Aaa.			
Example: X Change	<u>PT</u>	John Doe		•	
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change	N/A	N/A		N/A	
Add					
Remove					
2) Change		·			<u>.</u> .
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change			<u> </u>		
Add					
Remove				•	

E. <u>If</u> (A	E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A	N/A	
		-
		· ·
		· · · · · · · · · · · · · · · · · · ·
		•
į	F. If an amendment provides for an exchange, reclassification, or cancellation of issuprovisions for implementing the amendment if not contained in the amendment is (if not applicable, indicate N/A)	ued shares, itself:
N/F	N/A	·
		***
		•

300 1 . 10 11		
Affective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 04/01/2	014	
Signature	Dodie	
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
арроп	ned inductary by that inductary)	
	PAL BADICS	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>