## P9500018237

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	BOOT TRANSPORT	Inco
NAME OF CORTORATION	. Deal March	1110
DOCUMENT NUMBER: P95	000018237	
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
ANGELA P	USLIESE ne of Contact Person)	
	TRANSPORT INC.	
295 E. D	HIO AVE. (Address)	<u></u>
	EN, FL 32744 State and Zip Code)	<u>t</u>
For further information concerning this matter	er, please call:	
ANGELA PUGLIESE (Name of Contact Person)	at ( <u>386)</u> <u>804</u> (Area Code & Daytime	- 802 lo Telephone Number)
Enclosed is a check for the following amount	t made payable to the Florida Depa	artment of State:
\$35 Filing Fee & Certificate of Status	S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

ida Dept. of State)  nown)  Florida Profit Corporation," "companie designation "Corp," "Invord "chartered," "profe	ny," or
nown)  Florida Profit Corporation  "corporation," "compande designation "Corp." "I	ny," or
Florida Profit Corporation  "corporation," "companie designation "Corp," "I	ny," or
Florida Profit Corporation  "corporation," "companie designation "Corp," "I	ny," or
"corporation," "compan e designation "Corp," "L	ny," or
e designation "Corp," "I	Inc," or
e designation "Corp," "I	Inc," or
in Florida, enter the nan	
in Florida, enter the han	ne or the
t address)	
	et address), Florida

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>v. P.</u>	ANGELA PUGLIESE	P.O. BOX 160 LAKE HELEN, FL 32744	Add Remove
			Add Remove
(attach a	dditional sheets, if necessary). (Be spec	ific)	
<u>provisi</u>	mendment provides for an exchange, re ons for implementing the amendment if not applicable, indicate N/A)	classification, or cancellation of iss not contained in the amendment	ued shares, tself:
			<del></del>

The date of each amendment(s) adoption: _	MARCH 25,2009		
Effective date if applicable: MARCH 3.5, 3009  (no more than 90 days after amendment file date)			
(no more man	90 days after amenament file date)		
Adoption of Amendment(s) (CI	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.		
The amendment(s) was/were approved by t must be separately provided for each voting	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):		
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval		
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(voting group)	,		
The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and shareholder		
The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder		
Dated03 ( 3.5 ( 3.0	209		
Signature Then	moPudies en		
	dent or other officer - if directors or officers have not been		
selected, by an inco appointed fiduciary	rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)		
The	mos Pugliese /ped or printed name of person signing)		
(Ту	ped or printed name of person signing)		
	06000		
	(Title of person signing)		