## 169404

. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
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(Do	cument Number)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	Kimelies Trucking, Inc	D
DOCUMENT N	UMBER:	V69404	
The enclosed Arti	icles of Amendment and fee	are submitted for filing.	
Please return all c	correspondence concerning th	is matter to the following:	
		N Jane Puckett EA	
	ſ	Name of Contact Person	
	East Washin	gton Accounting Services, Inc.	
		Firm/ Company	
		P O Box 1006	
	*	Address	
	F	Pierson, FL 32180	
	C	City/ State and Zip Code	
	E-mail address: (to be use	kj@bellsouth.net ed for future annual report notification)	
For further inform	nation concerning this matter,	please call:	
	N Jane Puckett	at (386)74	49-9010
Name	e of Contact Person	Area Code & Daytime Tel-	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	\$43.75 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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e

Tallahassee, FL 32301

## **Articles of Amendment**

	Articles of Incorporation	MA.
•	of	TON MARKE
	Kimelies Trucking, Inc.	2350x 4 500
(Name of	f Corporation as currently filed with the Florida Dept.	of State Charles
	V69404	
	(Document Number of Corporation (if known)	

lowing

	f the corporation:	
	ars 2 U, Inc.	The n
ame must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc," or "(	Co". A professional corporat
. Enter new principal office address, if app	licable:	
Principal office address <u>MUST BE A STREE</u>		
		<u> </u>
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	<u>:</u> CF ROX)	
(muning num cos MATI BL ATT OBT OTTE		
	<u> </u>	
. If amending the registered agent and/or r		la, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(Piorida sireei dudress)	
New Registered Office Address.		, Florida (Zip Code)
ivew Registered Office Address.		
<u>wew Registered Office Address</u> .	(City)	(Zip Code)

## 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
S/T	Crystal Barbosa	115 Kirk Hill Road Deltona, FL 32738	Ø Add □ Remove
(anach aa	ditional sheets, if necessary). (Be	specifici	
E Kon on			
provision	endment provides for an exchange as for implementing the amendme	e, reclassification, or cancellation on the if not contained in the amendm	of issued shares, ent itself:
(if no	t applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: March 31, 2010
•	March 31, 2010 (date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Crystal Barbosa
	(Typed or printed name of person signing)
	Secretary/Treasurer (Title of person signing)
	(The of person signing)