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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DAVIE TRA	VEL CENTER,	INC.	
DOCUMENT NUMI	BER: P0400017351	3	·	
	of Amendment and fee are sul			
Please return all corre	spondence concerning this mat	ter to the following:		
	Norka Rodriguez			
		Name of Contact Person		
	Florida 595 Trave	el Center Corp.		
		Firm/ Company		
	2705 Burris Rd			
		Address		
	Davie, FL 33314			
		City/ State and Zip Code	>	
	Paralla III.	16.64		
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
Norka Rodrig	guez	at (954	_{.)} 357-1480	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment 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)	
	iling Address		Address	
	endment Section	Amendment Section		
	ision of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
1 411	minimizers to be bed to		ssee, FL 32301	

Articles of Amendment to Articles of Incorporation

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i Au	1.23	;'',		: ,	:	1.12 2.12.40

DAVIE TRAVEL CENTER, INC.

DAVIE THAVEL CENTER, INC.	il Dana (SSA)	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:		nent(s) to
A. If amending name, enter the new name of the corporation:		
	The ne	!w
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	o". A professional corporation name must contain th	on he
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 <u>MAY BE A POST OFFICE BOX</u>)		
		,
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the	
new registered agent and/of the new registered office address.		
Name of New Registered Agent		
(Florida street	t 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 wit	th and accept the obligations of the position.	
Signature of New Registered Age	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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	_ <u>sv</u>	Sally Sr		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	CEC)	Scott Chodak	2705 Burris Rd
Add				Davie, FL 33314
Remove				
2) Change				
Add		_		
Remove				
3) L Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Ar Attach additional sheets, if necessary)). (Be specific)	
 .		
		
	A second	
provisions for implementing the an	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) addate this document was signed.	option: July 18th, 2014	, if other than the
J		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	2/18/14	
Signature /	solda Braces	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	GEXALO BYAUSEX (Typed or printed name of person signing)	
	(Title of person signing)	_