Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CONSULT ONE, INC.
Account Number : I20090000067
Phone : (727)327-1256

Fax Number : (727)327-4114

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN GULFPORT AUTO & TRUCK REPAIR INC

Certificate of Status	1
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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NOV 1 6 2010

COVER LETTER

TO: Amendment Section
 Division of Corporations

(((H10000248088 3)))

NAME OF COR	PORATION:	GULFPORT AUTO & TRUCK REPAIR INC	
DOCUMENT N	JMBER:	P10000071103	
The enclosed Arti	cles of Amendment	and fee are submitted for filing.	
Please return all c	orrespondence conc	cerning this matter to the following:	
	•	DENNIS NEIGHBOR SR Name of Contact Person	
		Name of Connect Person	
	GUL	FPORT AUTO & TRUCK REPAIR INC	
		Firm/ Company	
		1099 49TH STREET SOUTH	
		Address	
		GULFPORT FL 33707	
		City/ State and Zip Code	
		cardoctor@tampabay.rr.com s: (to be used for future annual report notification)	
For further inform	ation concerning thi	nis matter, please call:	
	NIS NEIGHBOR S		
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following	amount made payable to the Florida Department of State:	
□ \$35 Filing Fee			osed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallshassee, FL 32301	

Articles of Amendment

Articles of Incorporation

(((H10000248088 3)))

GULFPORT AUTO & TRUCK REPAIR INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000071103

(Document Number of Corporation (if known)

SS 3)))

abbreviation "Corp.," "Inc.," or Co.," or the designa	The new rd "corporation," "company," or "incorporated" or the ation "Corp," "Inc," or "Co". A professional corporation
name must contain the word "chartered," "professional	al association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	
a racepus office usuress <u>green SEA STREET ADDR</u>	GULFPORT FL 33707
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	1099 49TH STREET SOUTH
•	GULFPORT FL 33707
•	
new registered agent and/or the new registered of	
new registered agent and/or the new registered of	
new registered agent and/or the new registered of Name of New Registered Agent:	(Florida street address) Florida
new registered agent and/or the new registered of Name of New Registered Agent:	(Florida street address)
Name of New Registered Agent:	(Florida street address)

1	nd title, name, and address of eac ditional sheets, if necessary)		(((H10000248088 3))
<u> </u>	<u>Name</u>	Address	Type of Action
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11/16/2010 07:58 72	73274114	WINEBRENNER	PAGE 05
The date of each amendmen	t(s) adoption: 1	1/15/2010	
Effective date <u>if applicable</u> :	11/15/2010	(date of adoption is required)	,
•	(no more than s	90 days after amendment file date)	
			(((H10000248088 3)))
Adoption of Amendment(s)	(CF	IECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the ere sufficient for	shareholders. The number of votes cast for the approval.	ne amendment(s)
The amendment(s) was/we must be separately provide	re approved by the document of	w shareholders through voting groups. The following group entitled to vote separately on the amend	llowing statement dment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval	·
by		**	
	(voting group)		
action was not required.		board of directors without shareholder action incorporators without shareholder action and s	
şele	a director, presid	tent or other officer - if directors or officers happorator - if in the hands of a receiver, trustee, on that fiduciary)	
		DENNIS NEIGHBOR \$R	
	(Туј	ped or printed name of person signing)	
		PRESIDENT	•
		person signing)	

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