## P14-000030299

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations SUNRISE AUTO MALL INC. NAME OF CORPORATION: 12142015 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **CHARLES VACCARO** (Name of Contact Person) SUNRISE AUTO MALL INC. (Firm/ Company) 1600 W SUNRISE BOULEVARD (Address) FORT LAUDERDALE, FL 33311 (City/ State and Zip Code) CHARLESVAC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **CHARLES VACCARO** 474-8080 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\omega\$ \$43.75 Filing Fee & \$\omega\$ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment to Articles - - -

DETARY OF STATE

	Articles of Incorporation of	SECRETARY TALLAHASSEE. FLORIDA	
SUNRISE AUTO MALL INC.	<del></del>	TALLAMA	
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)	
(Docum	ent Number of Corporation (if i	mown)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not F</i> e	or Profit Corporation adopts the following	
A. If amending name, enter the new name of the	corporation;		
		The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		d" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE E	00X)		
D. If amending the registered agent and/or registered agent and/or the new registered Agent:  Name of New Registered Agent:	tered office address in Florids ed office address;	s, enter the name of the	
New Registered Office Address:	a	(Florida street address)	
THE RESERVE OF STREET			
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent:	( 4 4	
_	Signature of New Pegi	staved Agent if changing	

Page 1 of 4

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 John Doc X Remove Mike Jones X Add Sally Smith Type of Action Title Name Address (Check One) 1600 W SUNRISE BOULEVARD STEVEN BUCKNER 1) \_\_\_\_ Change FORT LAUDERDALE, FL 33311 \_\_ Add Remove 2) \_\_\_ Change \_\_\_\_ Add \_\_ Remove 3) \_\_\_\_ Change Add \_\_ Remove 4) \_\_\_ Change \_\_ Add \_\_ Remove 5) \_\_\_\_ Change \_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change \_\_ Add \_\_ Remove Page 2 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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

address of each Officer and/or Director being added:

held. President, Treasurer, Director would be PTD.

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

L If amending or adding addition (attach additional sheets, if neces	sary). (Be specific)	pe(s) here:		
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		ndment(s) adoption:	, if other than the
	this document was ective date <u>if appli</u>	12-14-2015	
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date wil ate on the Department of State's records.	I not be listed as the
Adı	ption of Amendm	ent(s) (CHECK ONE)	
	The amendment(s was/were sufficien	s) was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	There are no men adopted by the bo	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	12-14-2015	
	Signature		
	-	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		CHARLES VACCARO .	
		(Typed or printed name of person signing)	
		PRESIDENT, SECRETARY & TREASURER	
		(Title of person signing)	
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