

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

: GASSMAN, CROTTY & DENICOLO, P.A. Account Name

Account Number : 075350000514 Phone

: (727)442-1200

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **BILL CURRIE FORD, INC.**

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BILL CURRIE FORD, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KENNETH J. CROTTY, ESQ. Name of Contact:Person GASSMAN, CROTTY & DENICOLO, P.A. Firm/ Company 1245 COURT STREET Audress CLEARWATER, FL 33756 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carla Guidry Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Malling Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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2019 OCT 18 AH 10: 17

Articles of Amendment ţo Articles of Incorporation of

BIL	LL CURRIE FORD, INC.
(Nume of Corporation	as currently filed with the Florida Dept. of State)
	240518
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. Hamending name, enter the new name of the corp.	oration:
	Tie new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the braviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
TON TOUR OF THE THE TOUR	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hareby accept the appointment as registered agent. I at	

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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 = Prosident; 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	ST	ALBERTO DIAZ	5815 N DALE MABRY
Add XRemove			TAMPA, FL 33614
2) Change	ST	JOE CUTILLO	5815 N. DALE MABRY
X Add			TAMPA, FL 33614
Remove			
3) Change			
Add			
4) Change Add		_	
Remove			
5) Change			
Add Remove			
6)Change			-
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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If an amondment provides for an exch	loss/Gentlem my a	ancellation of issued share	
provisions for implementing the ame	adment if not contained in	the amendment itself:	<u>1-3,</u>
(if nut applicable, indicate N/A)			
			
		······································	
			
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	···
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ezz t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	ег
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated OCTOBER 16, 2019	
Dated <u>00.708ER 16, 2019</u> Signature <u>W.C. C. TIL</u>	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
WILMER E. CURRIE, III	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	