## 276456

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SECRETARY OF STARS ALLER HASSEE, FEORIDA

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SEP 0 5 2017



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 761289 7182077

Typunka

AUTHORIZATION

COST LIMIT : C\$ \3,5.00

ORDER DATE : August 9, 2017

ORDER TIME : 3:43 PM

ORDER NO. : 761289-190

CUSTOMER NO: 7182077

## DOMESTIC AMENDMENT FILING

NAME: COMCAR INDUSTRIES, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

## Articles of Amendment to Articles of Incorporation of

Comcar Industries, Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	•
276450		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Torida Profit Corporation adopts the following amenda	nent(s) to
A. If amending name, enter the new name of the corporation:		
	479	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Oword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the	on
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 MAY BE A POST OFFICE BOX)		-
		_
I) If a sailing the anciety and execut and/on registered office address.	are in Florida, antay the name of the	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent		
Nume of New Neglisiered Agent		
(Florida stre	et address)	
·	·	
New Registered Office Address:	, Florida City) (Zip Code)	-
·	,	
New Registered Agent's Signature, if changing Registered Agent:	P. C.	
I hereby accept the appointment as registered agent. I am familiar w	an and accept the configurous of the position.	
	75.50 P	:ILED
		m
Signature of New Re	gistered Agent, if changing	
	ORE T	
	العدد المستو	

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 <math>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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P/D	Michael P. Ryan	502 E. Bridgers Avenue
XX Add			Auburndale, FL 33823
Remove			
2) XX Change	<u>T</u>	Robert Y. Fox	** Please only remove the title
Add			of Director. He will remain
Remove			Treasurer.
3) Change	S	Renee Roop	502 East Bridgers Avenue
XX Add			Auburndale, FL 33823
Remove			
4) XX Change	D	Mark Bostick	** Please only remove the title
Add			of President. He will remain
Remove			Director,
5) Change	D	Katherine Verner	502 East Bridgers Avenue
XX Add		-	Aubumdale, FL 33823
Remove			
O Change	D	Sean Hinze	502 East Bridgers Avenuc
6) Change XX		_	Auburndale, FL 33823
Add			·
Remove			

Add:

Director

Chris Neumeyer

502 E. Bridgers Avenue Auburndale, FL 33823

Attach additional sheets, if necessary). (Be specific)			
•			
provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:  I not applicable, indicate N/A)		
1			
<del></del>			

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date 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 cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	shareholder
Signature  (By director, president or other officer – if directors or officers is selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
Michael P. Ryan (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President Director	
(Title of person signing)	