## 557116

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EAST COAST BO	DDY SHOP OF BREVARD	COUNTY INC
DOCUMENT NUM			
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	nter to the following:	
	ANTHONY B FOWLER		
		Name of Contact Perso	n
		Firm/ Company	
	1350 S HOPKINS AVENUE	<u> </u>	
	TITUSVILLE, FL 32780	Address	-
		City/ State and Zip Cod	e
ECBO	DDY@BELLSOUTH.NET		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ANTHONY B FOWL	ER	at (	_) 267-2724
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation of

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(Name of Corporati	on as currently	filed with the Flor	rida Dept. of St	tate)
557116				
(Doeur	nent Number of	Corporation (if kno	wn)	
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	a Statutes, this F	Torida Profit Corpo	oration adopts t	he following amendment(s)
A. If amending name, enter the new name of the co	orporation;			
EAST COAST AUTO BODY AND GLASS INC				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc." or "C	lo". A professiona		" or the abbreviation
3. Enter new principal office address, if applicable				· <del></del> -
Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u> )			7910
				11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST_OFFICE BO	$\mathbf{v}_{i}$			ا آ ا آ
<u> </u>	<u></u> ,		<del></del>	
			····	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>		ess in Florida, ente	r the name of ti	<u>he</u>
Name of New Registered Agent	·		-	
	(Florida stree	ct address)		
New Registered Office Address:			Florid	da
	(1	Ciţy)		(Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		ith and accept the o	bligations of the	position,
Sian	ature of New Re	gistered Agent, if ch		<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change	<del></del> -		<del></del>
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

CORPORATION NAME CHANGE	CALATY	<del></del>
CORPORATION NAME CHANGE FROM: EAST COAST BODY SHOP OF BE FO: EAST COAST AUTO BODY AND GL.	REVARDING	
O: EAST COAST AUTO BODY AND GL	ASS INC	
. If an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares.	
provisions for implementing the amend (if not applicable, indicate N/A)	iment if not contained in the amendment itself:	
·		

*13 . 2		
	04/11/2019	
The date of each amendment date this document was signed	(s) adoption:	, if other than th
-	01/01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
04/11/		
Dated		
Signature	anthony B. Have	
(B	y a director, président or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	

as the

ANTHONY B FOWLER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)