



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Dever, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: F10000000361

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Coates  
(Name of Contact Person)

Dever, Inc.  
(Firm/Company)

2286 Frankfort Court  
(Address)

Lexington, Ky 40510  
(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Coates at ( 859 ) 455-9586  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- \$35.00 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)

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
12 OCT 19 AM 10:14

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW  
THE ALTERNATE NAME FOR USE IN FLORIDA**  
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Randy Lambert, do hereby certify  
(Name)

that this Resolution of the Board of Directors of \_\_\_\_\_  
Dever, Inc.  
(Name of Corporation)

a corporation duly organized and existing under the laws of Kentucky,  
(State or Country)

was adopted on 10-12-2012 withdrawing the alternate

name of Championship Golf Cars, Inc.  
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: 10-12-2012

[Signature]  
Signature of Chairman, Vice Chairman of the Board, a  
director or any officer

President  
Title of person signing

**FILING FEE \$35**  
Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 131217

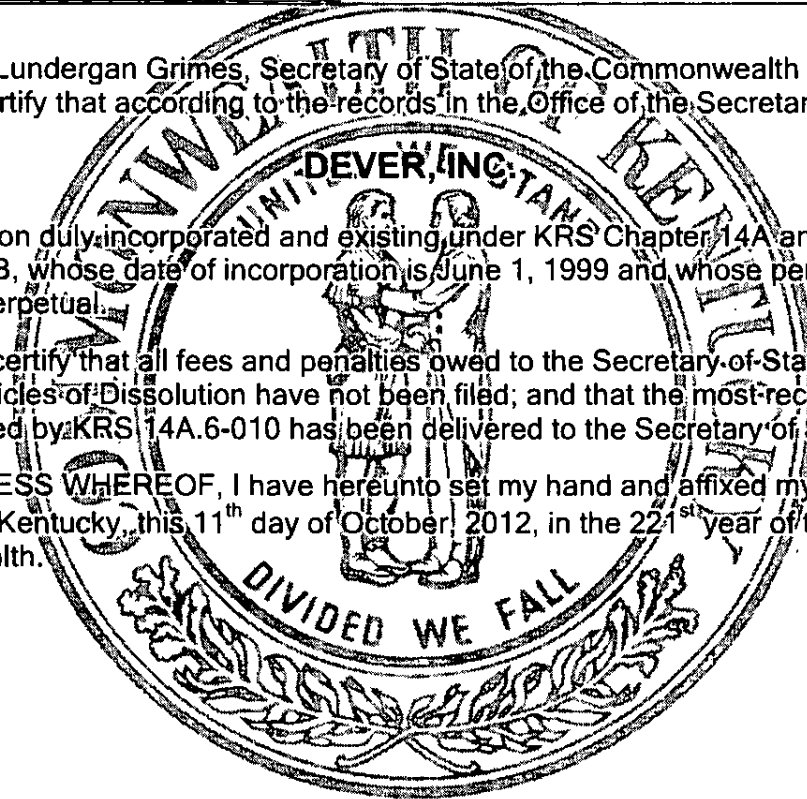
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is June 1, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 11<sup>th</sup> day of October, 2012, in the 221<sup>st</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
131217/0475033