

(2)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(= · · · · · · · · · · · · · · · · · · ·	
(Document Number)	
Certified Copies Certificates of State	tus
Capaig Lastruction to Filips Officer	
Special Instructions to Filing Officer:	

Office Use Only



000303117320

17 SEP -1 AM 8: 04 (17 SEP -1 AM 8: 04

FILED

2017 SEP -1 PM 4: 42

FMC/ SEP 0 5 2017

R. WHILE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 761289 7182077 AUTHORIZATION COST LIMIT ORDER DATE : August 9, 2017 ORDER TIME : 3:44 PM ORDER NO. : 761289-210 CUSTOMER NO: 7182077 DOMESTIC AMENDMENT FILING COMCAR SERVICES, INC. NAME: 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

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

FILED

Articles of Amendment to Articles of Incorporation of

17 SEP - 1 AM 8: 04

THE ATTACK OF THE ATTACK

Comear Services, Inc.		
(Name of Corporati	ion as currently filed with the Florida	Dept. of State)
H87654		
(Docum	nent Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporati	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp." "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	," "Inc," or "Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ations of the position.
Sign	ature of New Registered Agent, if chang	

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 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>	<u>John Doc</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addreş</u> s
1) Change	P/D	Mark Bostick	502 E. Bridgers Ave.
Add XX Remove			Auburndale, Fl. 33823
2) XX Change	Т	Robert Y. Fox	** Please only remove the title
Add			of Director. He will remain
Remove			Treasurer.
3) Change	P/D	Michael P. Ryan	502 East Bridgers Avenue
XX Vqq			Auburndale, FL 33823
Remove			
4) Change	s	Renec Roop	502 East Bridgers Avenue
XXAdd			Aubumdale, FL 33823
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Dumove			

Attach additional sheets, if necessary).	ticles, enter chang (Be specific)				
		, ,			
	7 10				
,				• •	
			<u> </u>		
					
					
					
10.00			·		
	-		_		
f an amendment provides for an excl	hande reclassifica	tion or cancellat	on of icenad char	•	
provisions for implementing the ame	ndment if not con	tained in the ame	ndment itself:	<u></u>	
(if not applicable, indicate N/A)					
		· 			

	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 da document'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 cast for the amendment(s) by the shareholders was/were sufficient for approval.	;)
☐ 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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voing group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By state of the officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other cour	t
appointed fiduciary by/that fiduciary)	
Michael P. Ruan	
(Typed or printed name of person signing)	
President Director	
(Title of person signing)	