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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ___ AUTOS BY DAVE, INC. M67737 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID TINKER Name of Contact Person AUTOS BY DAVE, INC. Firm/ Company 6521 N 9TH AVE Address PENSACOLA FL 32504 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (________) 476-8666
Area Code & Daytime Telephone Number DAVID TINKER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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of

AUTOS BY DAVE, INC.

2019 ST. 13 AM 11: 43

(Name of Corporat	tion as currently filed with the Florida Dept. of State)
	M67737 .
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the c	corporation:
	The new ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
B. Enter new principal office address, if applicabl	<u></u>
(Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Production I Office Address	,
New Registered Office Address:	, Florida (City) (Zip Code)
<u></u>	
New Registered Agent's Signature, if changing Regional Region of the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sigr	nature of New Registered Agent, if changing

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:	e, ana sai	ty Smiin, Sv as an Ada.	
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change		STEPHEN KEHOE	6521 N 9TH AVE
X Add			
Remove			PENSACOLA FL 32504
2) Change			_
Add			
Remove			-
3) Change		_	
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			_
Add			
Remove			

	tional sheets, if necessary). (Be specific)	
		—
		
lf an amend	iment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions	for implementing the amendment if not contained in the amendment itself:	
(ij not i	applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	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 amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east 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 and sha action was not required.	ıreholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated 9/10/19	
Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
DAVIDTINKER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	