M67737

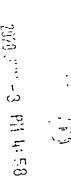
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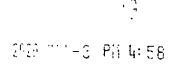
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AUTOS BY DA	VE, INC.	
DOCUMENT NUMBER:	M67737		
The enclosed Articles of Amenda	<i>nent</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
STEPHEN	КЕНОЕ		
<u> </u>		Name of Contact Person	<u>-</u>
AUTOS B	Y DAVE, INC.		
	:-	Firm/ Company	-
6521 N 9T	H AVE		
		Address	-
PENSACO	DLA FL 32504		
<u> </u>		City/ State and Zip Cod	e
E-ma	il address: (to be us	sed for future annual report	notification)
For further information concernit	ng this matter, pleas	se call:	
STEPHEN KEHOE		at (554-5491
Name of Contact	Person		de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
-	3.75 Filing Fee & tificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AUTOS BY DAVE, INC.



(Name o	f Corporation as curren	tly filed with the Flor	ida Dept, of State	2)
	M677	37		
	(Document Number	of Corporation (if kno	wn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpo	rration adopts the (following amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpo	porated" or the aboration name mus	breviation "Corp.," t-contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S.</u>				
C. Enter new mailing address, if appli				
(Mailing address MAY BE A POST (OFFICE BOX)			

D. If amending the registered agent an new registered agent and/or the new			r the name of the	
	STEPHEN KEHOE	55.		
<u>Name of New Registered Agent</u>	6521 N 9TH AVENUE			
		treet address)		
N D : 1000 411	PENSACOLA		rai : 1	32504
New Registered Office Address:		(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			hligations of the p	osition.
	Var		,	
_	1111	/		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DPST	DAVID W TINKER	6521 N 9TH AVENUE
Add			PENSACOLA FL 32504
X Remove 2) Change	DVP	DIANNE TINKER	6521 N 9TH AVENUE
Add			PENSACOLA FL 32504
$\frac{X}{X}$ Remove Change	PST	STEPHEN KEHOE	6521 N 9TH AVENUE
Add			PENSACOLA FL 32504
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary,	. (Be specific)			
				,
			<u></u>	
				_
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		·		
				
-				
If an amendment provides for an ex	chango reclassificati	an ar cancellation o	ficenad charus	
provisions for implementing the an	nendment if not conta	ined in the amendn	ent itself:	
(if not applicable, indicate N/A)				
		•		
<u> </u>			-	
· · · · · · · · · · · · · · · · · · ·				
 				

 $\mathcal{H} = \{ (x_i, x_i) \mid x_i \in \mathcal{H} \}$

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the ame e sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
sele	a director, president or other officer – if directors or officers have need, by an incorporator – if in the hands of a receiver, trustee, or o ointed fiduciary by that fiduciary)	
	STEPHEN KEHOE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	