NI6000001971

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Amanda Chaig called 11/28/16. Amanda Chaig called 11/28/16. She approved to check the First She approved to check the First She approved to check the First Bux for Adoption of Amendments.
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Office Use Only



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S. TALLENT NOV 2 8 2016

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FILED

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SECOND LARY OF SIAMS

IALLE ALEXANDERS



October 31, 2016

'11'

DETROIT DAVIS 6727 SW 44TH AVE UNIT B GAINESVILLE, FL 32608

SUBJECT: COMMUNITY OVERDRIVE AUTO SALES, INC

Ref. Number: N16000001971

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

ON PAGE 2 OF 4 PLEASE COMPLETE ADDRESS FOR TYPE OF ACTION NUMBER 1.

ON PAGE 4 OF 4 ON THE ADOPTION OF AMENDMENTS, PLEASE CHECK ONLY ONE BOX.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 916A00023282

Mallo

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATIO	Community Overdriv	e Auto Sales, Inc			
NOCUMENT NUMBER:	16000001971				- '
The enclosed Articles of Ame	ndment and fee are subn	nitted for filing.		· · · · · · · · · · · · · · · · · · ·	
Please return all corresponder	ce concerning this matte	r to the following:			
Detroit Davis					
		(Name of Contact F	'erson)		
		(Firm/ Compan	у)	4	
6727 SW 44th Ave, Unit B					
		(Address)	· -		<u></u>
Gainesville, FL 32608					
		(City/ State and Zip	Code)		
communityoverdrive@gmail.	com				1/
E-1	nail address: (to be used	for future annual re	port notification	1)	<u>v</u>
For further information conce	rning this matter, please o	call:			
Detroit Davis		a	352	3633943	
(Name of Contact Person)		(Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the fol	lowing amount made pay	yable to the Florida	Department of	State:	
	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy enclosed)	Certif is Certif (Addi Enclo	0 Filing Fee ficate of Status fied Copy tional Copy is fised)	
Mailing Address Amendment Section			reet Address mendment Secti	ion	
Division of Corporations			ivision of Corpo		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Community Overdrive Auto Sales, Inc			
(Name of Corporation as	currently filed with the I	'lorida Dept. of State)	
N16000001971	•		
(Document	Number of Corporation (f known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation ado	pts the following
A. If amending name, cuter the new name of the con	rporation:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name	orporation" or "incorpora	ated" or the abbreviation "C	
B. Enter new principal office address, if applicable:		····	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	:	∷
			<u> </u>
C. Enter new mailing address, if applicable:			2 2 2
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		ω -
		,	
			35.
			<u> </u>
D. If amending the registered agent and/or registere	ed office address in Flori	da, enter the name of the	
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent: De	troit Davis		
	K22- (1) 1	Just Alle 1)	13
	10/2/ JV	14th Ale Un: +	<u> </u>
New Registered Office Address:			
Gai	inesville	, Florida	2608
	(City)	(Zip Cod	de)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and acc	ept the obligations of the pos	sition.
	John G	20	
	Signature of New Re	gistered 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.

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Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	1 Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ь	Detroit Davis	6727 SW 44th Ave, Unit B
X Add			Gainesulle FL 3200
Remove			
2) Change	VP	Erik Einmo	7117 SW Archer Rd
X Add			Gainesville, FL 23608
Remove 3) Change	S	Brian Bunch	2601 SW Archer Rd, G126
X Add	· · · · · · · · · · · · · · · · · · ·		Gainesville, FL 32608
Remove			
4) Change	<u> P</u>	Amanda Craig	530 Interlachen Blvd
Add			Interlachen, FL 32148
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)			
		-		
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		<u>.</u> .		<u> </u>
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	. <u>N</u>			
				
		- <u></u>		
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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 amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of was/were sufficient for approval.	f votes cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s) adopted by the board of directors.	. The amendment(s) was/were
10/2:4/2016 Dated	
Signature July Sax	
(By the chairman or vice chairman of the board, presi- have not been selected, by an incorporator – if in the other court appointed fiduciary by that fiduciary)	
Detroit Davis	
(Typed or printed name o	f person signing)
President	
(Title of perso	on signing)