

PO0000049166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

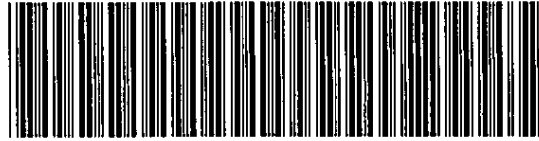
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 DEC 27 P 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 04 2016

T. LEMMON



RAY LAW FIRM, PLLC

6150 Shallowford Road, Suite 105
Chattanooga, TN 37421

Harry B. Ray
Direct Dial: 423.693.0159
E-Mail: hbr@hbrlaw.com
www.hbrlaw.com

December 26, 2016

Via U. S. Mail

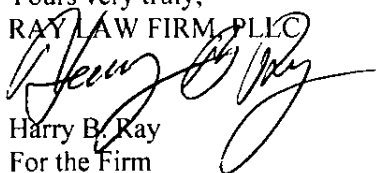
Florida Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment for Factory Spec. Collision Center, Inc.

Dear Secretary of State:

Enclosed for filing with your office is a corrected original and copy of our Articles of Amendment to Articles of Incorporation of Factory Spec. Collision Center, Inc. We previously sent you the \$35.00 filing fee. Also enclosed for your convenience is a self-addressed, stamped envelope for a filed stamped copy to be returned to our office.

If there is anything further you require, please do not hesitate to contact me.

Yours very truly,
RAY LAW FIRM, PLLC

Harry B. Ray
For the Firm

HBR/tlh
Enclosures

cc via email: Kyle Shirley, President

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FACTORY SPEC. COLLISION CENTER, INC.

DOCUMENT NUMBER: P0000004916

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry B. Ray

Name of Contact Person

Ray Law Firm, PLLC

Firm/ Company

6150 Shallowford Road, Suite 105

Address

Chattanooga, TN 37421

City/ State and Zip Code

hbr@hbrlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry B. Ray

at (423)

693-0160

Name of Contact Person

Area Code & Daytime Telephone Number

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

☒ \$35 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2016

HARRY B RAY
6150 SHALLOWS RD STE 105
CHATTANOOGA, FL 37421

SUBJECT: FACTORY SPEC. COLLISION CENTER, INC.
Ref. Number: P00000049166

We have received your document for FACTORY SPEC. COLLISION CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):
Re: Document Number: P00000049166

The for FACTORY SPEC. COLLISION CENTER, INC., was/were filed on . The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Tracy L Lemieux
Regulatory Specialist II
Division of Corporations

Letter Number: 716A00026492

Articles of Amendment
to
Articles of Incorporation
of

FACTORY SPEC. COLLISION CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P0000004916

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

LILY VALLEY ENTERPRISES, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

3149 Walker Road

Laurel Hill, Florida 32567

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of this position.

Signature of New Registered Agent, if changing

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 DEC 27 PM 5:59

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(Attach additional sheets, if necessary). (Be specific)

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(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: December 2, 2016, 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 date will not be listed as the document's effective date on the Department of State's records.

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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12/2/16

Signature Kyle J. Shirley
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kyle Shirley

(Typed or printed name of person signing)

President

(Title of person signing)