## P0200072595

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

	RATION: LEHIGH A		INC.
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael A. Sco The Dorcey La	Name of Contact Person	n
	10181 Six Mile Fort Myers, FL	Address	
jos	E-mail address: (to be us		
For further informatio	n concerning this matter, pleas	se call:	
Michael A.	Scott, Esq.	<sub>at (</sub> 239	418-0169
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

LEHIGH AUTO BODY, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
D0000070505	

(Name of Corporation as currently filed w	vith the Florida Dept. of State)
P02000072595 (Document Number of Corp	noration (if known)
	rutes, this Florida Profit Corporation adopts the following amendment(s) to
us Articles of Incorporation:	
A. If amending name, enter the new name of the corpor LEHIGH BUSINESS HOLDING	GS INC
name must be distinguishable and contain the word "co	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	(ONYERS, GA 30013
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1085 VINEYARD DIR CONYERS, GA 30013
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	Z7 PH
	Florida street address)
New Registered Office Address:	Florida 5
Nam Danistana d Annath Singatana 18 1	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ea Agent: familiar with and accept the obligations of the position.
Signature of New Re	pristaged Agant if changing

Signature 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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add Remove				
4) Change		_		
Add				
Remove				
5) Change Add		_		
Remove				
6) Change	<u>.</u>	_		
Add				
Remove				

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<u> </u>				
			· · · · · · · · · · · · · · · · · · ·	
amendment provides for an exch	ange, reclassifica	tion, or cancella	tion of issued shar	es,
ovisions for implementing the amer (if not applicable, indicate N/A)	iament ii not coi	itained in the an	nenament itseit:	
	<u></u> .			
.,	<del></del>			
	<u></u>			

date this document was signed.		, if other than the
<u> </u>		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(s) proval.	
	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amenda	ment(s) was/were sufficient for approval	
by(voting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting	g group)	
The amendment(s) was/were adopted by the bo action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the ine action was not required.	corporators without shareholder action and shareholder	
Dated April 17 Signature Thu Wally	1, 2015 ma	
(By a director, preside	ent or other officer – if directors or officers have not been norator – if in the hands of a receiver, trustee, or other court	
David Mad	igosky	
	(Typed or printed name of person signing)	_
DPST		
<del></del>	(Title of person signing)	_