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To:

Division of Corporations

Fax Number : (850)617-6380

From: .

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : (305)634-3694 Fax Number (305) 633-9696

COR AMND/RESTATE/CORRECT OR O/D RESIGN

TRIPOD COLLISION & REPAIR SHOP, INC.

Certificate of Status Û Certified Copy Page Count 04 **Estimated Charge** \$35.00

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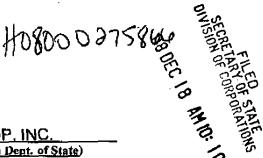
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EMPIRE CORP KIT

Articles of Amendment to Articles of Incorporation of



TRIPOD COLLISION & REPAIR SHOP, INC. (Name of Corporation as currently filed with the Florida Dent. of State)

P0300003882
(Document Number of Corporation (if known)

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

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

The new name must be distinguishable and contain the word "corporation," "company, "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) 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: New Registered Office Address: (Florida street address) 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 the position. Signature of New Registered Agent, if changing

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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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	HEROLD DAUPHIN	430 NW 98 STREET MIAMILEL 33150	Add Remove
<u>P</u>	ORES NELSON	6220 NORTHWEST 2ND AVE MIAMI, FL 33150	Add Remove
			Add Remove
E. <u>If amendi</u> (arrach ade	ne or adding additional Articles. litional sheets, if necessary). (Be	enter chango(s) here; specific)	
provisio	endment provides for an exchang ns for implementing the amendme t applicable, indicate N/A)	e, reclassification, or cancellation of issent if not contained in the amendment	itself:
			····
<u></u>	·	· · · · · · · · · · · · · · · · · · ·	
		D	

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The date of each amendment	(s) adoption: 12-17-08
Effective date if applicable:	12-17-08
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_12-17	'-08
Signature	Jum Ileh
	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)
	ORES NELSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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