## P0300009509

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PRITCHETTS TO	WING & RECOVERY, IN	C			
DOCUMENT NUM	P03000005006		·· <del>·</del>			
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.				
Please return all corre	spondence concerning this ma	itter to the following:				
	ZOLA CHRYSTINE FERRY	Ý				
		Name of Contact Persor	1			
	PRITCHETTS TOWING & RECOVERY, INC					
		Firm/ Company	- 1			
	PO BOX 520892	• •				
		Address				
	LONGWOOD, FL 32752					
		City/ State and Zip Code	e			
For further information	E-mail address: (to be u	sed for future annual report se call:	notification)			
ZOLA CHRYSTINE FERRY		at (407	718-5650			
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	irtment of State:			
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	iling Address		Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 E	xecutive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

Articles	of Amendment
Articles o	to of Incorporation of
	of C
PRITCHETTS TOWING & RECOVERY, INC	7,00
(Name of Corporation as curr P03000095096	rently filed with the Florida Dept. of State)
<del> </del>	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the
	1240 S. RONALD REAGAN BLVD
B. Enter new principal office address, if applicable:	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	LONGWOOD, FL 32750
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )  C. Enter new mailing address, if applicable:	LONGWOOD, FL 32750
(Principal office address <u>MUST BE A STREET ADDRESS</u> )  C. Enter new mailing address, if applicable:	LONGWOOD, FL 32750  PO BOX 520892
(Principal office address <u>MUST BE A STREET ADDRESS</u> )  C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	PO BOX 520892 LONGWOOD, FL 32752
<ul> <li>(Principal office address <u>MUST BE A STREET ADDRESS</u>)</li> <li>C. Enter new mailing address, if applicable:         (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> <li>D. If amending the registered agent and/or registered office</li> </ul>	PO BOX 520892  LONGWOOD, FL 32752  address in Florida, enter the name of the
<ul> <li>(Principal office address <u>MUST BE A STREET ADDRESS</u>)</li> <li>C. Enter new mailing address, if applicable:         (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> <li>D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address agent and/or the new registered agent and/or the n</li></ul>	LONGWOOD, FL 32750  PO BOX 520892  LONGWOOD, FL 32752  address in Florida, enter the name of the dress:
<ul> <li>(Principal office address MUST BE A STREET ADDRESS)</li> <li>C. Enter new mailing address, if applicable:         <ul> <li>(Mailing address MAY BE A POST OFFICE BOX)</li> </ul> </li> <li>D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address registered agent and/or the new registered registered registered agent and/or the new registered r</li></ul>	LONGWOOD, FL 32750  PO BOX 520892  LONGWOOD, FL 32752  address in Florida, enter the name of the dress: FERRY
(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 new registered agent and/or the new registered office address agent and/or the new registered	LONGWOOD, FL 32750  PO BOX 520892 LONGWOOD, FL 32752  address in Florida, enter the name of the dress: FERRY EAGAN BLVD
(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 new registered agent and/or the new registered office address agent and/or the new registered	LONGWOOD, FL 32750  PO BOX 520892  LONGWOOD, FL 32752  address in Florida, enter the name of the dress: FERRY

## 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: XChange	<u>PT</u> Jo	ohn Doe		
X Remove	<u>V</u> <u>N</u>	Mike Jones		
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	DEAN PRITCHETT	PO BOX 520892	
Add X Remove			LONGWOOD, FL 32752	
2) Change	ST	PATRICIA PRITCHETT	PO BOX 520892	
Add			LONGWOOD, FL 32752	
Remove 3) Change	PST	ZOLA CHRYSTINE FERRY	PO BOX 520892	
X Add			LONGWOOD, FL 32752	
4) Change Add				
Remove  5) Change Add				
Remove	_			
Add				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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<del></del>	
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
If an amandment provides for an arch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:late this document was signed.	, if other than the
·	
Effective date if applicable: (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONF)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	on and shareholder
Dated 9-29-17	
Signature Dean Patebett	
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
DEAN PRITCHETT Patalett	
(Typed or printed name of person significant and the control of th	ng)
PRESIDENT	
(Title of person signing)	