

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0380

From:

Account Name : THORPE'S CONSULTING SYSTEMS, INC.  
Account Number : 120050000069  
Phone : (407) 352-8514  
Fax Number : (407) 540-9620

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05 NOV 16 AM 8:00

DIVISION OF CORPORATIONS

**BASIC AMENDMENT**  
**AUTO REPAIR PLUS SERVICES CORP**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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OK Amend

~~ACCOUNT # 220050000069~~

**AUTO REPAIR PLUS SERVICES CORP**

c/o Thorpe's Consulting Systems

6327 Piney Glen Lane

Orlando, Florida 32819

Phone 407-352-8514

FAX 407-540-9620

November 9, 2005

Secretary of State  
Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: AUTO REPAIR PLUS SERVICES CORP  
DOC# P04000084081

Gentlemen:

Enclosed please find amendment to Articles of Incorporation for Auto Repair Plus Services Corp in the amount of \$43.75.

This represents the cost of the filing fees and Certificate of Status for the above named corporation.

Very truly yours,



TCS/cl  
Enclosures

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**Auto REPAIR PLUS SERVICES CORP**

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*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

**ARTICLE V - REGISTERED OFFICE AND AGENT**

The principal office and the mailing address of this corporation shall be:

LYSANDER THORPE  
6327 PINEY GLEN LANE  
Orlando, FL 32819

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**SECOND** **ARTICLE VII - BOARD OF DIRECTORS**

This corporation shall have three (3) directors. The number of directors may be either increased from time to time by the By-laws, but shall never be less than one (1). The name and address of the director(s) of the corporation are as follows:

Name: LUCIMAR C DE SOUZA                      President  
4900 Eaglesmere Dr. Apt 136  
Orlando, FL 32819

LARISSA SANTOS                                  Secretary  
4900 Eaglesmere Dr. Apt 136  
Orlando, FL 32819

JOAO BATISTA SOUZA                              Treasurer  
4900 Eaglesmere Dr. Apt 136  
Orlando, FL 32819

**THIRD:**        The date of each amendment's adoption:    November 8, 2005

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**FORTH:** Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 8 day of November, 2005

Signature

  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted  
by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

LUCIMA DE SOUZA

Typed or printed name

PRESIDENT

Title

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**CERTIFICATE AND ACKNOWLEDGEMENT**

**OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT  
OF**

**Auto REPAIR PLUS SERVICES CORP**

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

6327 Piney Glen Lane  
Orlando, FL 32819

Has named: Lysander Thorpe

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(Registered Agent



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