## P04000125434

| (Requestor's Nam                        | ne)           |
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| (Address)                               |               |
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| PICK-UP WAIT                            | MAIL          |
| (Business Entity N                      | lame)         |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: The Tire Department                 | ent, Inc.  |   | <u>_</u>                    |
|--|---|--|---|-----------------------------|
| DOCUMENT NUM   | BER:PO4000125434                            |  |   | <u> </u>                    |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |   |                             |
| Please return all corre  | espondence concerning this ma               | tter to the following:   |   |                             |
|  | Samuel L. LePrell                           |  |   |                             |
|  |   | Name of Contact Person   | 1   |                             |
|  | Samuel L. LePrell Attorney                  | and Counselor at Law   |   |                             |
|  |   | Firm/ Company  |   |                             |
|  | 1930 San Marco Boulevard,                   | Suite 201  |   |                             |
| •  |   | Address  | ·   | <del></del>                 |
|  | Jacksonville, Florida 32207                 |  |   |                             |
| •  |   | City/ State and Zip Cod  | e   | - F.C. A                    |
| richs  | ırd.barron@barronhld.com                    |  |   | AUG 30<br>CRETARE<br>ANASSI |
|  |   | sed for future annual report                                       | notification)   | - 꽃은 8                      |
|  |   |  | ,   | 79 m                        |
| For further information  | on concerning this matter, pleas            | se call:   |   | AT III I B                  |
| Sam LePreil  |   | at (   | 390-2705  |                             |
| Name   | of Contact Person                           | Area Co  | de & Daytime Telephone N  | lumber                      |
| 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) |                             |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Amend<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building executive Center Circle             |                             |

Tallahassee, FL 32301

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

| The T   | ire Department Inc.           |                        |   |                |   |         |
|---|-------------------------------|------------------------|---|----------------|---|---------|
| (Name of Corporation as   | currently filed with the Flo  | orida Dept. of State)  |   |                |   |         |
| P   | O4000125434                   |                        |   |                |   |         |
| (Document N   | umber of Corporation (if kno  | own)                   |   |                |   |         |
| Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:   | tes, this Florida Profit Corp | ooration adopts the fo | ollowi                                  | ng am          | endmen                                  | t(s) to |
| A. If amending name, enter the new name of the corpora  | ition:                        |                        |   |                |   |         |
| T D Tire Outlet, Inc.   |                               |                        |   | The            | e new                                   |         |
| name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre | c," or "Co". A profession     |                        |   | abbre          | viation                                 |         |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS  | <u> </u>                      |                        | <del></del>                             |                |   |         |
| -   |                               |                        |   |                |   |         |
| •   |                               | -                      | **************************************  |                |   |         |
| C. Enter new mailing address, if applicable:  |                               | <u>.</u>               | LC:                                     | 6 A            | Marie de se                             |         |
| (Mailing address MAY BE A POST OFFICE BOX)  |                               |                        | e irii                                  | <u>5</u>       |   |         |
|   |                               | 3.4<br>8.2             |   | 30             | *********                               |         |
| •   | -                             | •                      | î.,                                     | Ě              | <b>(")"</b> )                           |         |
|   |                               | <u> </u>               |   |                | *************************************** |         |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office   |                               | er the name of the     | v                                       | <del>G</del> 3 |   |         |
| Name of New Registered Agent  |                               |                        | <del>,</del>                            | <del></del>    |   |         |
|   |                               |                        |   |                |   |         |
| (F  | lorida street address)        |                        |   | _              |   |         |
| New Registered Office Address:  |                               | , Florida              |   |                |   |         |
|   | (City)                        |                        | (Zip                                    | Code)          | )                                       |         |
|   |                               |                        |   |                |   |         |
|   |                               | •                      |   |                |   |         |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f   |                               | obligations of the no: | sition                                  |                |   |         |
|   | annia non ana accept the      | oongunons of the pot   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |   |         |
|   |                               |                        |   |                |   |         |
|   |                               |                        |   | _              |   |         |
| Signature e   | of New Registered Agent, if c | 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.

| 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) | Title     |             | Name             |             | <u>Addres</u> s             |
| 1) Change                  | PSTD      |             | Robert Duckworth |             | 10220 New Berlin Road       |
| Add                        |           |             |                  |             | Jacksonville, Florida 32226 |
| Remove  2) Change          | PSTD      |             | David S. Barron  |             | 479 Zoo Parkway             |
| x Add                      |           | _           |                  |             | Jacksonville, FL 32226      |
| Remove                     |           |             |                  |             |                             |
| 3) Change                  |           | <u> </u>    |                  | <del></del> |                             |
| Add                        |           |             |                  |             |                             |
| Remove                     |           |             |                  |             |                             |
| 4) Change                  |           | <del></del> |                  |             |                             |
| Add                        |           |             |                  |             |                             |
| Remove                     |           |             |                  |             |                             |
| 5) Change                  |           | _           |                  |             |                             |
| Add                        |           |             |                  |             |                             |
| Remove                     |           |             |                  |             |                             |
| 6) Change                  |           | _           |                  | ····        |                             |
| Add                        |           |             |                  |             |                             |
| Remove                     |           |             |                  |             |                             |

| L. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if nocessary). (Be specific)   |  |  |  |  |  |
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| . If an amendment provides for an exch   | nange, reclassification, or cancellation of issued shares, |  |  |  |  |
| provisions for implementing the ame  | ndment if not contained in the amendment itself:           |  |  |  |  |
| (if not applicable, indicate N/A)  |  |  |  |  |  |
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| ı  | August 22, 2016  |                         |
|--|--|-------------------------|
| The date of each amendment(s) a date this document was signed.         | doption:   | , if other than the     |
| Effective date if applicable:  | •  |                         |
|  | (no more than 90 days after amendment file date)   |                         |
| Note: If the date inserted in this document's effective date on the De | block does not meet the applicable statutory filing requirements, this date with epartment of State's records.                               | Il not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                         |
| The amendment(s) was/were adby the shareholders was/were st            | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.   |                         |
|  | proved by the shareholders through voting groups. The following statement 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/were adaction was not required.                 | opted by the board of directors without shareholder action and shareholder   |                         |
| ☐ The amendment(s) was/were adaction was not required.                 | opted by the incorporators without shareholder action and shareholder  |                         |
| August 22  | , 2016   |                         |
| Dated  |  |                         |
|  |  |                         |
| Signature  | lirector, president or other officer – if directors or officers have not been  |                         |
|  | ed, by an incorporator – if in the hands of a receiver, trustee, or other court  |                         |
|  | ted fiduciary by that fiduciary)   |                         |
|  | David S. Barron  |                         |
|  | (Typed or printed name of person signing)  |                         |
|  | President  |                         |
|  | (Title of person signing)  | <del> </del>            |