P05000084651

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T. BROWN

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: __ THE CHEMIST'S AUTO & BOAT DETAILING SERVICES, INC. P05000084651 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KEVON DAVIS Name of Contact Person THE CHEMIST'S YACHT MANAGEMENT & AUTO DETAILING, INC. Firm/ Company 8304 MAHOGANY DR. Address BOYNTON BEACH, FL 33463 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **KEVON DAVIS** Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



THE CHEMIST'S AUTO & BOAT DETAILING SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P05	0000084651		
(Document Numbe	r of Corporation (if l	(nown)	
Pursuant to the provisions of section 607.1006, Floats Articles of Incorporation:	orida Statutes, this <i>Fl</i>	orida Profit Corporation ad	opts the following amendm
A. If amending name, enter the new name of th THE CHEMIST'S YACHT MA		& AUTO DETAIL	-ING, INC. The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	word "corporation, 'orp," "Inc," or "Co	" "company," or "incorpo o". A professional corpora	rated" or the abbreviatio
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
	,		
C. F. (
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
D. If amending the registered agent and/or reginew registered agent and/or the new register		ss in Florida, enter the nam	e of the
Name of New Registered Agent			
	(Florida stree	t address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing l	Registered Agent:		
I hereby accept the appointment as registered ager		th and accept the obligations	of the position.
	CAT D :		

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>oe</u>	
X Remove	<u>v</u> .	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				1,0
Add	-	_		
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	- 18 - 211			
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	-
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If an amendment provides for an exchange of the amendment provides for implementing the amen	ange, reclassification, or cancellation of issued shares,
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) adoption:	DECEMBER 27, 2012
Effective date if applicable:	JANUARY 01, 2013
	. (no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) for approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the an	mendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
((voting group)
The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder
DatedJANUAF	RY 03, 2013
Signature Rec	
(By a director, poselected, by an in	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court lary by that fiduciary)
	KEVON DAVIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)