## P05000/06270

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	General Punchout and Warra	anty, Inc.	
DOCUMENT NUM	MBER:	P05000106270		
The enclosed Article	es of Amendment and	ee are submitted for filing.		
Please return all cor	respondence concerni	g this matter to the following:		
_		Anthony A. Honarvar	<del> </del>	
		Name of Contact Person		
General Punchout and Warranty, Inc.				
		Firm/ Company		
_	P O Box 3224			
Address				
		Riverview, FL 33568		
_		City/ State and Zip Code		
	gene E-mail address: (to	alpunch@hotmail.com used for future annual report notification)	<del></del>	
For further informat	ion concerning this ma	ter, please call:		
Anth	ony A. Honarvar	at ( <u>813</u> ) 4	77-2909	
Name o	of Contact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check	for the following amo	nt made payable to the Florida Depar	tment of State:	
	\$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)	
P.O. Box 63	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building	1.	
Tallahassee, FL 32314		2661 Executive Center Circ	ie	

Tallahassee, FL 32301

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



General Puncho	out and Warranty,	Inc.
(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)
P050	000106270	
(Document Num	ber of Corporation (if kno	wn)
tursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporation adopts the following
. If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "prof	designation "Corp," "Inc	;" or "Co". A professional corporation
B. Enter new principal office address, if appl	icable:	
Principal office address <u>MUST BE A STREE</u> T		
	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROX	
(		
	P O Box	x 3224 ew, FL 33568
	ZIVELVIE	EW, FL 33300
. If amending the registered agent and/or re		n Florida, enter the name of the
new registered agent and/or the new regis	tered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street o	address)
		Florida
<del>-</del>	(City)	, Florida (Zip Code)

of

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)

<u>Title</u>	Name	Address	Type of Action
Preside	ILHAMA HONARVAR	10404 SOARING EAGLE DR. RIVERVIEW, FL 33578	_ ☐ Add _ ☑ Remove
			_
			_
	ling or adding additional Articles, end Iditional sheets, if necessary). (Be sp		
provisio	nendment provides for an exchange, in some for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 1-1-2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
(By sele	2011  Authorized Autho
-77	ANTHONY A. HONARVAR
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)