P06000126496

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Amund 10.12

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: Quality Car		, Inc
DOCUMENT NUMB	_{ER:} P0600012649	6	
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Shannon L. Brow	n	
-	<u> </u>	Name of Contact Persor	1
	Quality Cars of M	iddleburg, Inc	
-		Firm/ Company	
	429 Orange Aven	iue	
		Address	
-	Green Cove Sprir		
		City/ State and Zip Code	e
che	apcars10@yahod		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, please	e call:	
Shannon L. B	rown	_{at (} 904	614-2168
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment 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)
Amer Divis P.O. I	ing Address Idment Section Idment Se	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



_ •			'' J: / n
	s currently filed with the Florida Der	ot. of State)	- "3:/2
P06000126496			
(Docume	nt Number of Corporation (if known)		-
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
_			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A pr	any," or "incorporated" or the a cofessional corporation name must	abbreviation
B. Enter new principal office address,			_
(Principal office address <u>MUST BE A S</u>	TREET_ADDRESS)		_
			_
C. Enter new mailing address, if appl			
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		_
			_
D 10			_
 If amending the registered agent ar new registered agent and/or the new 	<u>id/or registered office address in Flor</u> w registered office address:	ida, enter the name of the	
Name of New Registered Agent	Shannon L. Brown		
Name of New Registered Agent	429 North Orange Ave	ene	
	(Florida street address)		
New Registered Office Address;	Green Cove Springs	, Florida 32043	
New Registered Office Address:	(City)	(Zip Code)	-
New Registered Agent's Signature, if c I hereby accept the appointment at regist	hanging Registered Agent:	annt the abliquitions of the model of	
nereby accept the appointment at regist	erfa ageni. Tam jamunar wun ana acc	repi the obligations of the position.	
	Ve C		
Siz	gnature of New Registered Agent, if cha	inging	

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 Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	Julie Brown	429 Orange Avenue Green Cove Springs, FL 32043
2) Change Add Remove	P	Shannon L. Brown	429 North Orange Avenue Green Cove Springs, FL 32043
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	*** · · · · · · · · · · · · · · · · · ·		

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)	 .		
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f an amendment provides for an exch	ange, reclassification.	or cancellation of	issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment it not contain	ed in the amendmo	ent itseii:	
		·		
				,

The date of each amendment(s) adoption: 07/05/2012
Effective date if applicable:	07/05/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 07/05	5/2012
Signature (By a	a director, president or other officer – if directors or officers have not been
	cted, by an incorporator – if in the hunds of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Shannon L. Brown
	(Typed or printed name of person signing)
	President
	(Title of person signing)