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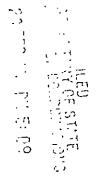
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUPERIOR FLOOI	R SERVICE, INC				
DOCUMENT NUM	BER: P06000144239					
	s of Amendment and fee are sub	omitted for filing.				
Please return all corre	espondence concerning this mat	ter to the following:				
	JEREMY DRAKE					
	Name of Contact Person					
	SUPERIOR FLOOR SERVICE, INC DBA DRAKE AUTO RESTORATION					
	940 CANTON AVE APT A3	21				
		Address				
	City/ State and Zip Code					
	E-mail address: (to be us	ed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
JEREMY DRAKE		at (321	7959800			
Name	e of Contact Person		de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	T. 5: 99		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	;		
Mailing Address			Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SUPERIOR FLOOR SERVICE, INC DBA DRAKE AUTO RESTORATION

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

(Name of Corporation as curren	thy filed with the Florida Dept, of State)				
106000144239					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amend	lment(s) to		
A. If amending name, enter the new name of the corporation:					
DRAKE AUTO RECONDITIONING, INC		The n	new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	viation "Corp ontain the wo	o.," ord		
B. Enter new principal office address, if applicable:	1036 EARLY AVE				
(Principal office address MUST BE A STREET ADDRESS)	WINTER PARK, FL 32789		_		
			_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1036 EARLY AVE		-		
	WINTER PARK, FL 32789	~ >	·-		
		727	_		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre					
Name of New Registered Agent			:		
		 7	1 - 1 1 - 1 1 - 1		
(Florida s	treet address)	0			
New Registered Office Address:	, Florida		_		
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the posit Registered Agent, if changing	ion.			
signature of New	кедыегеа мдет, у спапуту				
Check if applicable					

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)

Example:

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 <math>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		_		
Add				
Remove				
2) Change	,		<u></u>	
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

	ets, if necessary).	(Be specific)			
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an amendment pro	vides for an excl	hange, reclassific	ation, or cancella	tion of issued shar	es,
rovisions for imple (if not applicable	menting the ame	endment if not co	ntained in the an	endment itself:	
(1) пот аррисавте	, indicate MA)				
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
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	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
2/12/202 Dated Signature		
selec	director, president or other officer – if directors or officers have no sted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	JEREMY DRAKE	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·