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(Requestor's Name)	
(Address)	400162672684
(Address) (City/State/Zip/Phone #)	*
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(Business Entity Name)	i : :
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: All REGION AUTO LOAN, IN
DOCUMENT NUMBER: 2-06000/5028/
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RENE NICO AS Name of Contact Person
All REGION AUTO COAN, INC.
P.O. Box 16404
PLANTATION, FLA. 33318
City/ State and Zip Code With Line 100 December 100 Dece
For further information concerning this matter, please call: A
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$ \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment
Articles of Incorporation
AIREGION AUTO LOAN, Mby 16 PM 10: 37 (Name of Corporation as currently filed with the Florida Dept. of State) Section 16 PM 10: 37 (Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
ANTATION NATIONAL AUTO LEASE SALES, LOW The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PANTATION
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PLANTATION FLORIDA, 33318
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Elorida street address)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>Address</u> **Title** <u>Name</u> **Type of Action** ☐ Add ☐ Remove ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: NOVEHBER 12, 2009
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e 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 of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	
selec	a director, president prother officer – if directors or officers have not been ted, by an incorporator / if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT DIRECTOR (Title of person signing)