

PO4000/50759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

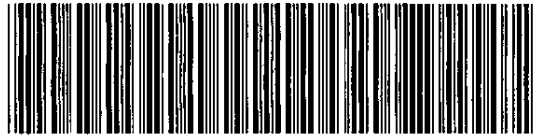
(Business Entity Name)

(Document Number)

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06/03/09--01020--024 **35.00

FILED
2009 JUN 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

6-24-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVID'S RECOVERY & TOWING INC.
Name of Corporation

DOCUMENT NUMBER: P06000150759

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVA DI PAOLO
Name of Contact Person

DAVID'S RECOVERY & TOWING INC.
Firm/Company

9013 HICKORY CIR.
Address

TAMPA, FLORIDA 33615
City/State and Zip Code

~~DAVESTOWING2006~~ davestowing-2006@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA GARCIA at (813) 426-7023
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2009

EVA

~~EUA~~ DIPAOLO
DAVID'S RECOVERING & TOWING INC.
9013 HICKORY CIRCLE
TAMPA, FL 33615

SUBJECT: DAVID'S RECOVERY & TOWING INC
Ref. Number: P06000150759

RECEIVED
2009 JUN 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DAVID'S RECOVERY & TOWING INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 609A00019176

NOTED FOR FILING 6/10/09
JUL 1 2009
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DAVID'S Recovery & TOWING INC.

DOCUMENT NUMBER: PO6000150759

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVA DI PAOLO

Name of Contact Person

DAVID'S Recovery & TOWING INC.

Firm/ Company

1602 E. MLK BLVD.

Address

Tampa, FL 33610

City/ State and Zip Code

davestowing-2006@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVA DI PAOLO

Name of Contact Person

at (813) 426-7023

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 &
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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

DAVID'S Recovery & TOWING INC

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

PO 6000150759

(Document Number of Corporation (if known))

FILED
2009 JUN 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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)

1602 E. MLK BLVD.

TPA, FLA

33610

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1602 E. MLK Blvd

TPA, FLA 33610

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:

EVA DI PAOLO

New Registered Office Address:

1602 E. MLK Blvd.

(Florida street address)

TAMPA

(City)

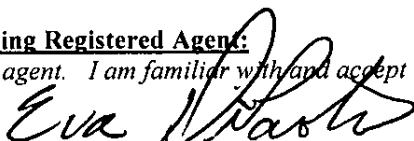
33610

(Zip Code)

, Florida

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

EVA DI PAOLO

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>	<u>Name</u>	<u>Address</u>	<u>Ave</u>	<u>Type of Action</u>
P	Theresa Garcia	5502 N. ALBANY		<input type="checkbox"/> Add
		TPA FIA 33604		<input checked="" type="checkbox"/> Remove
P	EVA DI PAOLO	1602 E. MLK BLVD		<input checked="" type="checkbox"/> Add
		TPA FIA 33610		<input type="checkbox"/> Remove
				<input type="checkbox"/> Add
				<input type="checkbox"/> 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: 6-10-2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6-12-2009

Signature Theresa Garcia P.
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Theresa GARCIA P.
(Typed or printed name of person signing)

President
(Title of person signing)