# P07000050364

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: FLORIDA AUTO	RECOVERY / FAR INC		
DOCUMENT NUMBE	R: P07000050364			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
R	OBERT KODRICH			•
		Name of Contact Person	n	
F	LORIDA AUTO RECOVE	RY / FAR INC		
_		Firm/ Company		<del></del>
63	300 150TH AVENUE N	Time Company		
_		Address		
C	LEARWATER FL 33760			
_		City/ State and Zip Cod	e	
HERB@	@TAXGUYBAS.COM			
<del></del>		sed for future annual report	notification)	_
For further information of HERB BRIGGS	concerning this matter, pleas	727	343-1398	
Name of	Contact Person	at (at Co	) ode & Daytime Telephone Ni	ımber
	he following amount made			
■ \$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)	
Ameno Divisio P.O. B	ng Address  Idment Section  In of Corporations  Iox 6327  Iox 6327  Iox 63214	Ameno Divisio Cliftor 2661 E	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301	

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

### FLORIDA AUTO RECOVERY / F A R INC

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

ent(s) to

P07000050364	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amending
A. If amending name, enter the new name of the corpor	ration:
	The new corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6300 150TH AVENUE N
	CLEARWATER FL 33760
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signatur	e 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)

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		<del></del>		
Add				
Remove				
2) Change				
Add		<del></del>		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add	***************************************	<del></del>		
Remove				
<del></del>				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Domosio				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame-	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
ffective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	will not be listed as the
doption 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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 ///4//5 Signature ///X/	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ROBERT KODRICH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	