

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : VICTOR LERRO & COMPANY, P.A.
Account Number : I20040000118
Phone : (561) 995-0064
Fax Number : (561) 995-7551

2009 May-4 AM 11:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CHARLY'S TOW TRUCKS, INC.

Certificate of Status	0
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May 4, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHARLY'S TOW TRUCKS, INC.
9850 SANDALFOOT BLVD
136
BOCA RATON, FL 33428US

SUBJECT: CHARLY'S TOW TRUCKS, INC.
REF: P07000103208

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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

FAX Aud. #: H09000113091
Letter Number: 709A00014980

COVER LETTER

(((H09000113091 3)))

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHARLY'S TOW TRUCKS, INC.

DOCUMENT NUMBER: P07000103208

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

Please return all correspondence concerning this matter to the following:

Victor Lerro

Name of Contact Person

Victor Lerro & Company, P.A.

Firm/ Company

50 SW 2nd Avenue, Ste 201

Address

Boca Raton, FL 33432

City/ State and Zip Code

VLERRO@VCPA.COM

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

For further information concerning this matter, please call:

VICTOR LERRO

Name of Contact Person

at (561)

995-0064

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

(((H09000113091 3)))

Articles of Amendment
to
Articles of Incorporation
of

(((H09000113091 3)))

FILED
2009 MAY -4 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHARLY'S TOW TRUCKS, INC.

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

P07000103208

(Document Number of Corporation (if known))

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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

(Florida street address)

(City)

_____, Florida
(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

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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)

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	FRASCA, FRANK	412 NE 3rd Street Boynton Beach, FL 33436	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <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)

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The date of each amendment(s) adoption: April 28, 2009

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

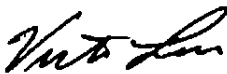
by _____."
(voting group)

☐ 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 May 4, 2009

Signature



(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)

Victor Lerro

(Typed or printed name of person signing)

Attorney-in-Fact for Concetta Gullotta, President

(Title of person signing)

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