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(((H09000139478 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037

Phone

: (954)752-4553

Fax Number

: (954)752-4522

COR AMND/RESTATE/CORRECT OR O/D RESIGN

SIMOURA CAR WASH, INC

Certificate of Status	0
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6/10/0

COVER LETTER

TO: Amendment S		•	
Division of Co	orporations		
NAME OF CORP	ORATION:	SIMOURA CAR WASH, INC	
DOCUMENT NU	MBER:	P07000107058	
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning the	nis matter to the following:	
_		PAULO OLIVEIRA	
		Name of Contact Person	
	EAGLE TAX REPRESENTATION, CORP		
-		Firm/ Company	
-	4641 N STATE ROAD 7 - STE 18		
		Address	
	coco	NUT CREEK, FL - 33073	
-	City/ State and Zip Code		
	PAULO	DEAGLE-TAX.COM	
		ed for future annual report notification)	
For further informa	tion concerning this matter	, please call:	
Pau	ılo Oliveira, E.A.	at (954) 752-4553	
Name	of Contact Person	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	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	sed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassec	t Section Corporations 127	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment **Articles of Incorporation**

<u>/</u>	5
2003/00	
2009 JUN - 0	
2009 JUN -9 PM 2: 23	
SECRETARY OF STATE TALLAHASSEE, FLORIDA	

SIMOURA CAR WASH, INC (Name of Corporation as currently filed with the Florida Dept. of State)

P07000107058 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

HAPPY CAR WASH, INC name must be distinguishable and contain the word "corporatio abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," name must contain the word "chartered," "professional association," 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)	Inc," or "Co". A professional corporati
(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	
	
D. If amending the registered agent and/or registered office address:	s in Florida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: (Florida stre	et address)
(City)	, Florida(Zip Code)
(City)	(Dip Coul)

removed a	ng the Officers and/or Directors, er and title, name, and address of each ditional sheets, if necessary)	ter the title and name of each Officer and/or Director being	officer/director being added:
Title	Name	<u>Address</u>	Type of Action
			_ ~
			☐ Remove
provis	mendment provides for an exchangions for implementing the amendment applicable, indicate N/A)		
			•
	· .		

The date of each amendmen	t(s) adoption: <u>06</u>	5/09/2009
Effective date if applicable:	06/09/2009	(date of adoption is required)
A PREMIUM	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(Сн	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes east for the amendment(s) approval.
		te shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		,,
•	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	incorporators without shareholder action and shareholder
Dated 06/0	9/2009	
Signature	x Ade sis	laui & Simowa
(B)	a director, presid	lent or other officer - if directors or officers have not been
	ointed fiduciary b	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		ADEZIO L SIMOURA
	(Ty	ped or printed name of person signing)
		PRESIDENT
	(Title o	f person signing)