## P0200031264

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Preusion Collision	¿ lestoration Inc
DOCUMENT NUMBER: POSODO	30864
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to th	ne following:
Heidi M	Maniel .
Name of Contact I	
Firm/Compar GGO RAULI	road Ore.
$\omega$ , $\rho$ . $H$ .	32789
City/State and Zip  Autor epa (v 9)  E-mail address: (to be used for future	legaad.com
For further information concerning this matter, please call:    Held Name of Contact Person   at a	40 5991950 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, RL 32301

Articles of Amendment to Articles of Incorporation

Articles of Inc	orporation		?
Precision Collision	¿ lestora	ction	he
(Name of Corporation as current)	y filed with the Florida De	ot. of State)	737
P080000378U	04		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this ats Articles of Incorporation:	Florida Profit Corporation	adopts the follo	wing amendment(s) t
A. If amending name, enter the new name of the corporation:			The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corpo		e abbreviation
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	Hadi Mac	Januel buru k	<u> </u> 2d
	Witter Pa	VIC E	1.32789
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<del></del>
D. If amending the registered agent and/or registered office adds	ess in Florida, enter the n	ime of the	
new registered agent and/or the new registered office address  Name of New Registered Agent  HOUNG			
2461 lc (Florida Str	XOVY RO	<u>{</u>	_
New Registered Office Address: WWHER PC	WK (City)	, Florida 3	278 ] Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligation	ors of the position	)n.
HeidiM	Manle		
Signature of New R	Registered Agent, if changing		

Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove.	President; • Chief F r. Directo in the follows the co	T= Tre inancial r would lowing n prporatio	asurer; S= Secr Officer. If an o be PTD. nanner. Current on, Sally Smith i.	retary; D= Di officer/directo tly John Doe i	or holds more the sisted as the I	han one to ST and	= Chairman or Clerk; CEC itle, list the first letter of ec tike Jones is listed as the V noted as John Doe, PT as a	ach office There is
Example: X Change	<u>PT</u>	John De	<u>se</u>					
X Remove	<u>V</u>	Mike Jo	ones					
X Add	<u>sv</u>	Sally Sr	nith					
Type of Action (Check One)	Title		<u>Name</u>			Addres	s	
1) Change	<u>P_</u>	_	<u>Jan M</u>	Boro	WICZ	2)4	11 Godenra	d Dr.
Add  Remove						<u> </u>	THE TOTAL PL	- -
2) Change Add	P	<b></b>	Heidi	M MC	Danie	<u> </u>   2	1461 POXION	ry Pd.
Remove								32789
3 ) Change		-						<u></u>
Add Remove								-
itemore								-
4) Change	-	-	***************************************	<del></del>		-		<del>-</del>
Add Remove								-
5) Change		-						-
Add Remove								-
Kemose								_
6) Change		-						-
Add								_
Remove								_

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)

f amending or adding additional Articles, enter change(s) here:	
attach additional sheets, if necessary). (Be specific)	
<del></del>	
an amendment provides for an exchange, reclassification, or cancella provisions for implementing the amendment if not contained in the am	endment itself:
(if not applicable, indicate N/A)	
<u></u>	

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: OCTOPE 101
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
Dated9.29.17
Signature Held Maniel
(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)
Heidi McDaniel
(Typed or printed name of person signing)
tresident
(Title of person signing)