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**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 3 D Sup	perior Auto Serv	rices, Inc.
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Charleen Lewi Name	Stephen Floor of Contact Person	owers_
3D Superion	Auto Services	Inc
1258 Clarcono	Address	
Orlando, FI City/s	38818 State and Zip Code	
E-mail address: (to be used for	r future annual report notification)	<u>Om</u>
For further information concerning this matter, ple	ase call:	
Charleen Lewis Name of Contact Person	at ( <u>400</u> ) <u>2023</u> Area Code & Daytime Tele	Phone Number
Enclosed is a check for the following amount made	e payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\Bigcup \$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

3 D Superior F (Name of Corporation as curr	rently filed with the Florida Dept. of State)
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:
abbreviation "Corp.," "Inc.," or Co.," or th	the word "corporation," "company," or "incorporated" or the new designation "Corp," "Inc," or "Co". A professional corporation rofessional association," or the abbreviation "P.A."
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the
Name of New Registered Agent:	Stephen Flowers
New Registered Office Address:	1258 Clarcorn Ocoec BC. (Florida street address)
	Orlondo, , Florida 328 18 (City) (Zip Code)
_	ging Registered Agent:  I agent. I am familiar with and accept the obligations of the position.  Signature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Charleen Lewis	#4	□ Add □ X Remove
P	Stephen Flower	Ober Rd. Orlando FL 3291	Remove
			Add Remove
	amending or adding additional Articles.  ach additional sheets, if necessary). (Be		
F. <u>If</u>	an amendment provides for an exchange rovisions for implementing the amendm (if not applicable, indicate N/A)	ge, reclassification, or cancellation tent if not contained in the amend	of issued shares, ment itself:

The date of each amendment(s) adoption: $\frac{5//9//0}{}$	
(date of adoption is r	equired)
Effective date if applicable:  (no more than 90 days after amendment)	t file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote so	voting groups. The following statemen eparately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffi	cient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
Dated	
Signature	
Charleen M. Let (Typed or printed name of p	oerson signing)
President (Title of person signing)	