Division of Corporations

08080067102

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000165186 3)))



H090001651863ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations .

Fax Number

: (850)617-6380

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP

Account Number : I20060000145 Phone : (305)769-4936

Fax Number : (305)769-4936

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ABC AUTO BODY, CORP

RECEIVED

109 JUL 17 AM 8: 00

SECRETARY OF STATE
ALL'AHASSEE. FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

JUL 17 2009

EXAMINER 7/17/2005

Articles of Amendment to Articles of Incorporation

100 1 -	of	0 0		
ABC aUTO B				
(Name of Corporation as curre		<u>he Florida Dept. o</u>	f State)	1
<u>₩0800006</u>		on (if brown)		
•	-	,		
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statut	es, this <i>Florida Pr</i>	ofit Corporation adop	pts the following
A. If amending name, enter the new name of	the corporation	<u>n:</u>		
				_The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj B. Enter new principal office address, if apple	designation "Co fessional associa lcable:	orp," "Inc," or "C	o". A pro-essional c	
(Principal office address MUST BE A STREE	TADDRESS)			TOPA-
				7 28
•				- 32 32 - 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				ORAI 2: 1
				_
	·			- *** -
D. If amending the registered agent and/or r new registered agent and/or the new regis			. enter the name of t	<u>the</u>
Name of New Registered Agent:				
New Registered Office Address:	(Flor	ida street address)		
,	(City)		, Flcrida (Zip Cod-)	
	(City)		(EIP COU-)	,
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ig Registered A	gent: iliar with and accer	et the obligations of th	e position.
	G		oo oy	- F-2000
<u></u>	ignature of New	Registered Agent,	if changing_	

itle	HENRY LAURIDO KRISTIAN A. BASANTA	Address 23601 SW 21490 HOMESTEAD FC 33031	Type of Ac
.0	KRISTIAN A. BASANTA	175 NW 76 9N	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			•
provis	mendment provides for an exchange, recions for implementing the amendment if interesting applicable, indicate N/A)		

The date of each amendment(s)	adontion: 7-17-09
Effective date if applicable:	7-17-09 (date of adoption is required)
	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.
	approved by the shareholders through voting groups. The foleowing statement or each voting group entitled to vote separately on the amenoment(s):
"The number of votes can	t for the amendment(s) was/were sufficient for approval
by	, n
(v	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 7-	17-09
Signature k	Willeland
(Ву а	irector, president or other officer - if directors or officers have not been
seleçti appoii	d, by an incorporator – if in the hands of a receiver, trustee, cr other court ted fiduciary by that fiduciary)
	LUIS aroca
•	(Typed or printed name of person signing)
	VCE PRESIDENT
•	(Title of person signing)