## P080000 74121

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | TIAW              | MAIL        |
| (Bu:                    | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| Division of Corporations         |   |  |  | <b>7</b>                      |
|----------------------------------|---|--|--|-------------------------------|
| NAME OF CORPORATION              | Sunco                                   | AST AUTO   | WORLD, INC   | E FEB                         |
| DOCUMENT NUMBER:                 | P08                                     | 000074121  |  | 75                            |
| The enclosed Articles of Amen    | dment and fee are st                    | ibmitted for filing.   |  | 3                             |
| Please return all correspondence | e concerning this ma                    | tter to the following:   |  | 6                             |
|                                  | CRYSTA                                  | M John Name of Contact Person ST AUTO M Firm/ Company E HIGHWAG Address RIVER, F City/ State and Zip Cod sed for turbure annual report | JORLD, INC<br>J 19<br>L. 34429   |                               |
| E-n                              | nail address: (to be u                  | sed for future annual report   | notification)  |                               |
| For further information concern  | ning this matter, pleas                 | se call:   |  |                               |
| SANDY M. Name of Contac          | JOHNSO<br>It Person                     | <i>N</i> at ( 35 2 Area Co   | ) <u>795-9500 c</u><br>de & Daytime Telephone Numb                                     | <u>an 352-613-4633</u><br>her |
| Enclosed is a check for the foll | owing amount made                       | payable to the Florida Depa  | artment of State:  |                               |
|                                  | 43.75 Filing Fee & ertificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed)  | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |                               |
| <u>Mailing Add</u><br>Amendment  |   |  | Address<br>Iment Section   |                               |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## **Articles of Amendment**

|  | to Articles of Incorp                         | oration                   |  | 2018            |
|--|---|---------------------------|--|-----------------|
|  | of  |                           | The state of the s | . 60            |
| SUNCOAST   | AUTO U  | DORLD, I                  | NC T   | <u> </u>        |
| (Name of Corpor  | ation as currently fil                        | ed with the Florida Der   | ot. of State)  | 5 - 2           |
| Po   | 80000741                                      | 21                        |  | The US          |
| (Doc   | cument Number of Co                           | rporation (if known)      |  |                 |
| Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:   | rida Statutes, this <i>Flor</i>               | rida Profit Corporation : | adopts the following   | amendment(s) to |
| A. If amending name, enter the new name of the   | corporation:                                  |                           |  |                 |
| N/A  |   |                           |  | The new         |
| name must be distinguishable and contain the w"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the containing the containing of the containing the contai | orp," "Inc," or "Co"<br>the abbreviation "P.A | ". A professional corpo   |  |                 |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A   |   | <u> </u>                  |  |                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  | -<br><u>BOX</u> ) _<br>-<br>-                 | N/A                       |  |                 |
| D. If amending the registered agent and/or registered agent and/or the new register  |   | in Florida, enter the na  | ume of the   |                 |
| Name of New Registered Agent   | N/P   | )                         |  |                 |
| New Registered Office Address:   | (Florida street d                             | ·                         | , Florida  |                 |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen   | Registered Agent:<br>u. I am familiar with    | ,9                        | tay o  | oae)            |
|  | N/A   | stered Agent, if changing |  |                 |
| S  | ignature of New Regi.                         | stered 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)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ F = Fice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | PT John Doe              |                 |
|----------------------------|--------------------------|-----------------|
| X Remove                   | V <u>Mike Jones</u>      |                 |
| _X Add                     | SV Sally Smith           |                 |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | Address         |
| 1) Change                  | V ROBERT L. MOON         | 10221 CHIP LN.  |
| X Add                      |                          | NEW PORT RICHEY |
| Remove                     |                          | FL. 34654       |
| 2) Change                  |                          |                 |
| Add                        |                          |                 |
| Remove                     |                          |                 |
| 3 ) Change                 |                          |                 |
| Add                        |                          |                 |
| Remove                     |                          |                 |
| 4) Change                  |                          | ·               |
| Add                        |                          |                 |
| Remove                     |                          |                 |
| 5) Change                  |                          |                 |
| Add                        |                          |                 |
| Remove                     |                          |                 |
| 6) Change                  |                          |                 |
| Add                        |                          |                 |
| Remove                     |                          |                 |

| f amending or adding additional Art<br>Mach additional sheets, if necessary). | icles, enter change(s) here:<br>(Be specific)                       |   |          |
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| an amendment provides for an exc<br>provisions for implementing the amo       | nange, reclassification, or cand<br>indment if not contained in the | <u>cellation of issued shares,</u><br>e amendment itself: |          |
| (if not applicable, indicate N/A)   |   |   |          |
|   | N/A   |   |          |
|   |   |   |          |
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|   |   |   | <u> </u> |
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| The date of each amendment(s) adoption:  | NA   | , if other than the                               |
|--|--|---|
| date this document was signed.   | <i>(</i> )                                 |   |
| Effective date if applicable:  | N/A  |   |
|  | (no more than 90 days after amendme        | ent file date)                                    |
| Note: If the date inserted in this block does not document's effective date on the Department of |  | requirements, this date will not be listed as the |
| Adaption of Amendment(s) (CH   | ECK ONE)                                   |   |
| ☐ The amendment(s) was/were adopted by the s<br>by the shareholders was/were sufficient for a    |  | for the amendment(s)                              |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting          |  |   |
| "The number of votes east for the amen   | ndment(s) was/were sufficient for appro-   | val   |
| by   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            |
| (voti  | ing group)                                 |   |
| The amendment(s) was/were adopted by the laction was not required.                               | board of directors without shareholder a   | action and shareholder                            |
| ☐ The amendment(s) was/were adopted by the i action was not required.                            | incorporators without shareholder actio    | n and shareholder                                 |
| 2-21-  | -19  |   |
| Dated  |  |   |
| Signature  | ndy (// Solows                             | or  |
|  | dent of other officer - if directors or of | ficers have not been                              |
| selected, by an inco   | rporator - if in the hands of a receiver,  |   |
| appointed fiduciary  | by that fiduciary)                         |   |
| $\delta$   | ANDY M. JOH                                | NSON  |
|  | Typed or printed name of person signir     | di)   |
|  | D  |   |
|  | IRESIDENT                                  |   |
|  | (Title of person signing)                  |   |