P08000 31529

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SECRETARY OF STATE
FALLAHASSEE FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GULF CORST	AUTU TOU INS
DOCUMENT NUMBER: P080008	1529
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
BASHIR ELN (Name of Contact	A J i t Person)
(Firm/ Comp	any)
4120 VIA PIES	DRA CIRCUE
SACASOTA R (City/ State and Z	
For further information concerning this matter, please concerning this matter con	
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 An Cli 266	reet Address nendment Section vision of Corporations fton Building 51 Executive Center Circle llahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GULF COAST	T AUTE	TOO IN.	
(Name of Corporation as cur	rently filed	<u>with the Florida Dept. of</u>	'State)
P0808	218000	729	4.0
		poration (if known)	SEC SEC
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		Statutes, this Florida Pro	ofit Corporation adopts the
A. If amending name, enter the new name	of the corpo	ration:	mon R
FLORIDA MI	rzzwa	AUTO SALE	大小の影響
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation nat association," or the abbreviation "P.A."	and contain " "Inc.," or	n the word "corporation Co.," or the designation	on," "company Cror on "Corp," "Inc," or
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		<u>ss</u>)	
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 registered agent agen			enter the name of the
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register position.			ccept the obligations of the
_	Signature oj	f New Registered Agent, if	changing

	ditional sheets, if necessary)	each Officer and/or Director being	g added:
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add
			□ Add
			☐ Remove
	•		
<u>provis</u>		change, reclassification, or cancella endment if not contained in the am	
<u>provis</u>	ions for implementing the ame		
<u>provis</u>	ions for implementing the ame		
<u>provis</u>	ions for implementing the ame		

The date of each amendment(s) adoption: APRIL 27, 2005
Effective date if applicable: PROIL 27 200 9 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
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 statemer 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"
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.
Dated
Signature
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
P(25,02N)
(Title of person signing)