P08000083/45

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15 OCT 16 AM 7: 29

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COACH/TRAN	ISIT COMPONENTS, INC.
DOCUMENT NUMBER: P08000083165	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Peter J. Snyder, Esq.	
- '	Name of Contact Person
Peter J. Snyder, P.A.	
	Firm/ Company
4700 NW Boca Raton Blv	d. # 103
	Address
Boca Raton, FL 33431	
	City/ State and Zip Code
tott@power-mfg.com	
	e used for future annual report notification)
•	
For further information concerning this matter, pl	lease call:
Peter J. Snyder, Esq.	at (561) 367-1581 x101 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephor	
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee Status Certificate of Status	
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



COACH/TRANSIT COMPONENTS, IN	VC.	15 OCT 16 AM 7: 29
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P08000083165		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	103 S. Nashville Avc.
(Principal office address MUST BE A S		Orlando, FL 32895
C. Enter new mailing address, if applicable:		P.O. Box 670248
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
		Coral Springs, FL 33067
D. If amending the registered agent an	nd/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	Peter J. Snyder, Esq.	
	4700 NW Boca Raton B	lvd. #103
·	(Florida :	street address)
New Registered Office Address:	Boca Raton, FL	. Florida 33431
New Registered Office Address.		(City) (Zip Code)
		(City) (Zip Code)
N D	L 10 10 1 - 4 1 - 4 1	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		11: r with and accept the obligations of the position.
, , , ,,	1	
P.A	1 1	
	1477	Registered Agent, if changing
	Signature of New	Kegisterea Agent, ij 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; V= Vice 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	<u>Addres</u> s
1) Change	PRES	Hemby, J. Michael	25600 Hawks Run Lane
Add X Remove			Sorrento, FL 32776
2) Change	PSTD	Tim Ott	6450 NW 41st Street
X Add			Coral Springs, FL 33067
Remove 3) Change	<u>v</u>	Mark Roberts	113 West 2nd South
X Add			Mount Olive, IL 62069
4) Change Add			
Remove			
5) Change			
Add			
6) Change		_	
Add Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
•	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

	10/2/2015	
The date of each amendment(s) date this document was signed.	doption:	, if other than the
	2/2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, thi epartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendm ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	tement
	t for the amendment(s) was/were sufficient for approval	9.00
by	(voting group)	万 蓝
•	(voting group)	
The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareh	15 OCT 16 AM 7: 29
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholde	7:29
10/14/201 Dated	5	
Signature (By a select	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Tim Ott	
	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	