## P08000106352

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600322842876

01/15/19--61014--004 \*\*35.00

FILED
2019FEB-6 MII: 07

Ancond

FEB 0 7 2019

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR	RATION: TOW PROS OF O	CALA INC			
DOCUMENT NUMI	BER: P08000106352	<u></u>	·· <u>-</u> · · · · ·		
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ng.		
Please return all corres	spondence concerning this ma	tter to the follo	wing:		
	Chad M Gee				
		Name of C	ontact Person	n	
	Tow Pros Of Ocala				
	<del></del>	Firm/ (	Company		
	1914 N Magnolia Ave				
		Ad	dress		
	Ocala, Fl 34475				
		City/ State	and Zip Cod	c	
TowF	rosOfOcala@Gmail.com				
	E-mail address: (to be us	sed for future a	nnual report	notification)	
For further information	n concerning this matter, pleas	se call:			
Chad M Gee		at i	352	427-5632	
Name	of Contact Person		Arca Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified (Additional enclosed)	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address			Address	
	endment Section		Amendment Section		
	sion of Corporations		Division of Corporations		
	Box 6327			Building Executive Center Circle	
Tall	ahassee, FL 32314		Z001 E	Accumve Center Circle	

Tallahassee, FL 32301



January 22, 2019

CHAD GEE TOW PROS OF OCALA INC 1914 N. MAGNOLIA AVE OCALA, FL 34475

SUBJECT: TOW PROS OF OCALA, INC

Ref. Number: P08000106352

We have received your document for TOW PROS OF OCALA, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 619A00001586

RECEIVED
THE -6 PK 1:5
RETARY

## Articles of Amendment to Articles of Incorporation of

TOW PROS OF OCALA, INC	
(Name of Corporation :	as currently filed with the Florida Dept. of State)
P08000106352	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statistics Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>
	- 12 1 T T T T T T T T T T T T T T T T T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the ice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
Hen hegistered Office Hadress.	(City) (Zip Code)
	ered Agent: m familiar with and accept the obligations of the position.
Signatu	re 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)

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

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

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	PTD	_	Chad M Gee	1623 Ne 16 Ave
X Add				Ocala, FL 34475
Remove				
2) Change	PTD		Cari L Gee	10540 Se 95 Terr
Add				Belleview, Fl 34420
x Remove				
3 ) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del>-</del>		
Add				
Remove				

	heets, if necessary).	icles, enter chang (Be specific)			
	•				
					<del></del>
			_ <del></del>		
		<del></del> -	<del> </del>		
	· · · · · · · · · · · · · · · · · · ·			<u></u>	
· · · · ·					
<u></u>	<del></del>		<del></del>	.=	
	······································	<del></del>			
<del></del>					
	<del></del> .		<del></del>		····
	<del></del>		· · · · · · · · · · · · · · · · · · ·		
				<del>-</del> -	
	orovides for an excl	hange, reclassifica	ation, or cancella	tion of issued sha	res,
f an amendment p			ntained in the am	endment itself:	
provisions for imp	plementing the ame	indment if not con			
provisions for imp	plementing the ame	endment 11 not co.			
provisions for imp	plementing the ame	endmen <u>t 11 n</u> ot co:			
provisions for imp	plementing the ame	endment 11 not co			
provisions for imp	plementing the ame	endment 11 not co			
provisions for imp	plementing the ame	endment 11 not co			
provisions for imp	plementing the ame	endment 11 not co			
provisions for imp	plementing the ame	endment 11 not co			
provisio <u>ns for im</u>	plementing the ame	endment 11 not co			
provisions for imp	plementing the ame	endment 11 not co			
<u>provisions for im</u>	plementing the ame	endment 11 not co			
f an amendment provisions for important (if not applica	plementing the ame	endment 11 not co			
<u>provisions for im</u>	plementing the ame	endment 11 not co			
<u>provisions for im</u>	plementing the ame	endment 11 not co			

	January 1,2019	if other than the
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
JANUAI	RY 29, 2019	
DatedSignature		
(By a	director, president or other officer - if directors or officers have not be	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	ourt
αρρο		
	CHAD M GEE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>