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.

(((H09000009094 3)))



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

: (850)617-6380 Fax Number

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE,

Account Number : I2000000019 Phone

(305) 552-5973

Fax Number

: (305)220-1440

COR AMND/RESTATE/CORRECT OR O/D RE

ANTHONY CAR WASH, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35,00

Electronic Filing Menu

Corporate Filing Menu

Help

1/14/2009 12:32 PM

		•	
RUS	FAX NO. :305	2201440	Jan. 14 2009 01:48PM P2
1 11			
: : : · · ·			
	H09000	009094	th of State)
	Articles of	Amendment	From the first terms of the firs
		io _	
		ncorporation	
	•	of	FOR TO
	ANTHONY CAR !	WASH, CORP.	
(Name of C	ornoration as currently file	d with the Florida Dec	t of State
· · · · · · · · · · · · · · · · · · ·	P0900000	1059	<u>_</u>
, , , , , , , , , , , , , , , , , , ,	(Document Number of C		<u> </u>
Pursuant to the provisions following amendment(s) to	of section 607.1006, Florid its Articles of Incorporation:	in Statutes, this <i>Florida</i>	Profit Corporation adopts the
A. If amending name, en	er the new name of the cor	poration:	
ANTHONY MOBILE C	AR WASH CODD		
The new name must be "incorporated" or the abb	distinguishable and control of the control of the corporation of the c	or Co" or the design	tation "Corp," "Inc," or
R Enter new principal of	fice address, Happlicable:		
(Principal office address M	IUST BE A STREET ADDR	ESS)	
•	·		
	<i>:</i>		
C. Button was an allies a ad-	ducin Manalinahia.		
C. Enter new mailing ad (Mailing address MAY	BE A POST OFFICE BOX)	
, ,			
	•	,	
		<u>:</u>	
D. If amending the registr	ered agent and/or registere	d office address in Flor	ids, enter the name of the
new registered agent a	nd/or the new registered of	fice address:	
17#37 _m n			
Name of New Regis	HET BY AXEIN		No. below to the second
37 B. 47 3 0.00		(Florida street address	•
New Registered Offi	ice Audress:	Trivrimi sireei adaresi	ay
		200	Florida
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

H09000009094

H09000009094

	litional sheets, if necessary)	of each Officer and/or Director being	To the second se
<u>`ltle</u>	Name	Address	Type of Actio
··			
			Remove
	A-1		Q Add
			D Remove
Salvano estando			
			D Remove
If amen	ling or adding additional A dditional sheets, if necessary)	rticles, enter change(a) here:	
(Bitach a	aainonai sneeis, ij neoessary)	. (не вресілс)	
		•	

li an an	ngadment provides for an e	achenge, reclassification, or cancellat	on of issued shares,
provisio	ngndment provides for an economic the an of applicable, indicate N/A)		ion of issued shares, ndmost itself:
provisio	ons for implementing the an	achenge, reclassification, or cancellat	on of issued shares, admont itself:
provisio	ons for implementing the an	achenge, reclassification, or cancellat	on of issued shares, admost itself:
provisio	ons for implementing the an	achenge, reclassification, or cancellat	ion of issued shares, admont itself:
provisio	ons for implementing the an	achenge, reclassification, or cancellat	ion of issued shares, ndmost itself:
provisio	ons for implementing the an	achenge, reclassification, or cancellat	on of issued shares, admost itself:
provisio	ons for implementing the an	achenge, reclassification, or cancellat	ion of issued shares, adment itself:

H09000009094

The date of each am	endment(s) ado	ption: JANUARY 8, 20	009	
Effective date if app	licable: JANUA	ARY 8, 2009		
	(no me	ore than 90 days after i	amendment file date)	
Adoption of Amenda	nent(s)	(CHECK ONE)		
The amondment(s by the shareholder) was/were adop rs was/were suffi	nted by the shareholders	. The number of votes cas	st for the amendment(s)
The amendment(s must be separately) was/were appro v provided for ea	oved by the shareholder ach voting group entitle	rs through voting groups. ed to vote separately on the	The following statemar amendment(s):
"The number	of votes cast for	the amendment(s) was	/were sufficient for approv	val
by			,11	
•	(voting	g group)		
The amendment(s action was not req		ned by the board of dire	otors without shareholder	action and shareholder
The amendment(s action was not req		ted by the incorporator	s without shareholder actiq	on and shareholder
Dat	od JANUARY B	, 2009		
Sig	nature Au	48ScobaR		
. •	selected, by	ctor, president or other or y an incorporator — If in fiduciary by that fiducia	officer – if directors or offi the hands of a receiver, tr ary)	nistee, or other court
		LUIS	A. ESCOBAR	•
,	· · · · · · · · · · · · · · · · · · ·	(Typed or printed	name of person signing)	— .— -
			PRESIDENT - INCOR	PORATOR
	<u></u>	(Title of pe	erson signing)	

Page 3 of 3