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SECRETARY OF STATE OF VISION OF CONTON AT A

AUG 10 2018 C MCNAIR

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORAT	rion: <u> </u>	Mohility Scor	oters, Linci
DOCUMENT NUMBER	·· <u> </u>	00018473	, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
	tina	Name of Contact Person Top Mohilit Firm/ Company 16609 US H Address Hudson, FC City/ State and Zip Code Sed for future annual report	Scoolers, Inc. highway 19 - 34667
For further information co	E-mail address: (to-be'us		notification)
Name of C	Sweney Contact Person	at ( <u>6 P4</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi	Address nent Section 1 of Corporations	Amend	Address Iment Section on of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment

## to

Articles of Inc	orporation	مرتزين
of		
Top Mobilis	a Scooters, Inc.	المُرْجُونِ مِنْ
(Name of Corporation as current)	y filed with the Florida Dept. of State)	<b>2</b> 9
PU4 6000 1	8473	
(Document Number of	Corporation (if known)	4
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "eword "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain	ation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		_ _ _
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
Name of New Registered Agent  140 7	W. Swann Are.	
(Florida stre		
New Registered Office Address:	Florida 3360 (Zip Code)	<u>6</u>
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar we signature of Now R		

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	PT John	Doc	
X Remove			
		: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Richard Foldue	16609 VS Highway 19
Add			Hudson, Fl 34667
Remove			
2) Change	CEO	Jihad Fires	16609 US Highwa 19 Hudson, Kl 3466)
Add			Fuason, M > 166)
Remove	P	T. C. 10.	
3) Change		Tim Sweenly	New Albany, of 4305
Remove			
4) Change		Dennis Sweeney	7357 East borne De Cincinnati, OH 45255
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional Ar heets, if necessary).	. (Be specific)			
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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
Effective date if applicable:  too more than 26 days after amendment (ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was were sufficient for approval.
☐ The amendmentes) was were approved by the shareholders through voting groups. The inflavong statement 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
evoting groups
. The amendment si 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 coun appointed fiduciary by that fiduciary)
Typed or printed name of person signing)
(Typed or printed name of person signing)
$\rho_{\cdot}$
(Title of person signing)
Clue of person signing)