## P09000021786

(Requestor's Name)	
(Address)	
,	
(4.11)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
:	
(Document Number)	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	ı
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Office Use Only



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Amend

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Gapta	owing Inc.
DOCUMENT NUMBER: PO9000	021786.
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Elio L. C.	f Contact Person
<u>GAPTO</u>	$\frac{\sqrt{Company}}{\sqrt{Company}}$
1875 N. tav	<u>miamitrial</u> Address
N. FOFTMIC City/Sta	26 FC 33903.  ate and Zip Code
Gaptowing E-man address: (to be used for f	O amoil Com  uture admual report notification)  AHAS
For further information concerning this matter, please Elo L. CVUZ.  Name of Contact Person	at (239) 440-65000 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	·
□ \$35 Filing Fee  □ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
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



November 9, 2009

ELIO L CRUZ 1875 N TAMIAMI TRAIL N FORT MYERS, FL 33903

SUBJECT: GAP TOWING INC. Ref. Number: P09000021786

We have received your document for GAP TOWING INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6925.

Letter Number: 209A00035142

Teresa Brown Regulatory Specialist II

to the second se	
Articles of Amendment to Articles of Incorporation of  (Name of Corporation as currently filed with the Florida Dept. of State)  (Name of Corporation as Currently filed with the Florida Dept. of State)	
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Articles of Incorporation	٠
of Children Control of Children Children Control of Children Children Control of Children	
1700 tours Inc. See 1/8.	-43
(Name of Corporation as currently filed with the Florida Dept. of State)	9. 5
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<u> </u>	$r_{\mathcal{F}}$
(Document Number of Corporation (if known)	) <sub>A</sub>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followin amendment(s) to its Articles of Incorporation:	ıg
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	al
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent: ELIO L. CVUZ.	
New Registered Office Address: (Florida street address)	
The Wegistered Office Address.	
(City), Florida S (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

## (Attach additional sheets, if necessary) **Type of Action** ☐ Add Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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:

The date of each amendment(s)	adoption:
Effective date <u>if applicable</u> :	(date of adoption is required)
	o more than 90 days after amendment file date)
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 amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	"
(vo	oting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated_//	1/09
selected	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
_	Elio L. Cruz
	(Typed or printed name of person signing)
_	President.
	(Title of person signing)