## P090000 46950

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) .
(Document Number) 31
Certified Copies <u>: C.D.</u> Certificates of Status <u>Masser</u> .
Special Instructions to Filing Officer:
•

Office Use Only



800161793038

10/16/09--01012--008 \*\*35.00

Amens/M

ON DECT 25 AH 11: 06

T-Roberts OCT (27/2009)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2009

BRENDA ESPINOSA BJ'S BUSINESS SERVICES, INC. 6330 WESTWOOD ACRES RD FORT MYERS, FL 33905

SUBJECT: F. A. F. TOWING & RECOVERY, INC

Ref. Number: P09000046950

We have received your document for F. A. F. TOWING & RECOVERY, 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 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.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00033360

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	F. A. F. TOWING & RECOVERY, INC.
DOCUMENT NUMBER:	P09000046950
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	BRENDA ESPINOSA
	Name of Contact Person
	BJ'S BUSINESS SERVICES, INC.
	Firm/ Company
	6330 WESTWOOD ACRES RD
	Address
	FORT MYERS, FLORIDA 33905
	City/ State and Zip Code
E-mail address	REESPIRITLIFE@AOL.COM : (to be used for future annual report notification)
For further information concerning th	is matter, please call:
BRENDA ESPINOSA	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
✓ \$35 Filing Fee S43.75 Filing F Certificate of S	
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

F. A. F. TOWING & RECO\	VERY, INC.
(Name of Corporation as currently filed with	the Florida Dept. of State)  76  Att 11: 06
P09000046950	
(Document Number of Corporate	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>n:</u>
ANGEL'S CUSTOM TOUG	CH, INC. The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional associations and the word "corp."	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	6330 WESTWOOD ACRES RD
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT MYERS, FLORIDA 33905
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6330 WESTWOOD ACRES RD FORT MYERS, FLORIDA 33905
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent:	<del></del>
New Registered Office Address: (Flori	ida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A  I hereby accept the appointment as registered agent. I am fami	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	ADAM J. AMBURGEY	6191 CASTLEWOOD CIRCLE FORT MYERS. FL 33905	_ □ Add _ ☑ Remove
			_
			_
	ding or adding additional Articles, end ditional sheets, if necessary). (Be sure of the control		XSISTING
DELETE-	ADAM J. AMBURGEY - AS PRI	ESIDENT	· · · · · · · · · · · · · · · · · · ·
CHANGE	- ANGEL RODRIGUEZ JR. FRO	OM V- PRESIDENT TO PRESID	ENT
NOW HO	LDING THE FULL 100% SHARE	ES OF THE 100% SHARE IN TH	HE COMPANY
provisio	mendment provides for an exchange, ons for implementing the amendmen ot applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·			
-			

The date of each amendmen	t(s) adoption: 10/3/2009
Effective date <u>if applicable</u> :	10/3/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
, ,	ere approved by the shareholders through voting groups. The following statement ed 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	(voting group)
	(voiming group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_10/1	3/2009
Signature	
(By	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	pointed fiduciary by that fiduciary)
	ANGEL RODRIGUEZ, JR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)