P09000049834

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SECRETARY OF STATE.

A LUMANIA A LUMA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	CAR CASH USA, INC.		
DOCUMENT NUMBER:		P09000049834		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		man M. Brod, Attorney		
	ľ	Name of Contact Person		
L		Office of Sherman Brod		
		Firm/ Company		
		P.O. Box 18877		
		Address		
		npa, FL 33679-8877		
	C	City/ State and Zip Code		
	bro E-mail address: (to be use	od@usa.com ed for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
	Sherman Brod	at (813) 29	95-8080	
Name	e of Contact Person	at (813) 29 Area Code & Daytime Tele	ephone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment of State:	
□ \$35 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)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	e	

Tallahassee, FL 32301



LAW OFFICE OF SHERMAN M. BROD

213 E. DAVIS BLVD. TAMPA, FLORIDA 33606 e-mail: <u>brod@usa.com</u>

GENERAL PRACTICE BUSINESS, ESTATES PERSONAL INJURY TRIAL PRACTICE PLEASE REPLY TO:

P.O. Box 18877 TAMPA, FLORIDA 33679-8877 PHONE: (813) 251-4389 TOLL FREE: (800) 583-7629 MOBILE (CELL): (813) 295-8080

FAX (TOLL FREE): (866) 520-4125

October 17, 2009

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Profit Corporation:

Car Cash Inc.

Document No:

P09000049834

Matter:

Articles of Amendment

Dear Sir/Madam:

Enclosed herewith is your form Cover Letter. Also enclosed are two copies of <u>Articles of Amendment to Articles of Incorporation of Car Cash USA</u>, Inc. Finally, I have enclosed my trust account check in the amount of \$43.75 for the filing fee, and for a certified copy of the Articles of Amendment.

If you have any questions, or if you need anything else from my office, please call me (Sherman Brod) at (813) 295-8080. If you prefer to contact me by e-mail, my address is brod@usa.com.

Thank you for your attention to this matter.

Sincercly,

Sherman M. Brod

SMB/sg Enclosures

cc:

Car Cash USA, Inc.

Articles of Amendment to ' **Articles of Incorporation** of

FILED 2009 OCT 21 AM 12: 49

CAR CASH USA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000049834

(Document Number of Corporation (if known)

owing

Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statut	es, this <i>Florida Pro</i>	ofit Corporation adopts the foll
A. If amending name, enter the new name of t	the corporation	<u>1:</u>	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	lesignation "Ce	orp," "Inc," or "Co	o". A professional corporation
B. Enter new principal office address, if applicable:		10009 N. Florid	la Ave.
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)	Tampa, FL 336	612
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 18877 Tampa, FL 336	
D. If amending the registered agent and/or registered agent and/or the new registered.			enter the name of the
Name of New Registered Agent:	Sherman M. Brod, Attorney		
New Registered Office Address: 213 E. Davis Blvd. (Florida street address)			
<u>T</u>	ampa		, Florida_33606
(City)			(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			the obligations of the position.

Signature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DPST	HAROLD FARMBRY	10150 N. Florida Ave. Tampa, FL 33612	☐ Add ☑ Remove
<u>DPST</u>	EDWARD LACAYO	8662 Key Biscayne, Dr. Unit # 301 Tampa, FL 33614	🗆 Remove
			Add
(attach a	dditional sheets, if necessary). (Be s	specific)	
provisi	mendment provides for an exchange ons for implementing the amendmen		
(if n	ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: September 1, 2009
Effective date if applicable:	September 1, 2009
	(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) were 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)
•	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required.	
{Dated} Sep	tember 1, 2009
Signature	(C
(B) sele	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 pointed fiduciary by that fiduciary)
	EDWARD LACAYO
	(Typed or printed name of person signing)
	President
	(Title of person signing)