

08/16/2011 12:02

Division of Corporations

08/16/2011 P. 00000006

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910000004784

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.  
Account Number : I20070000037  
Phone : (954) 752-4553  
Fax Number : (954) 752-4522

FILED  
11 AUG 16 AM 9:55  
TALLAHASSEE, FLA  
16:00A

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NUMBER 1 AUTO PARTS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature and date 8/24/11*



August 16, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NUMBER 1 AUTO PARTS, INC  
849 S DEERFIELD AVE  
BAY D  
DEERFIELD BEACH, FL 33441US

SUBJECT: NUMBER 1 AUTO PARTS, INC  
REF: P10000004784

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new officer was listed as a Pres.. However, they signed the document as Vice Pres. .

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

FAX Aud. #: H11000204285  
Letter Number: 911A00019156

RECEIVED

11 AUG 16 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NUMBER 1 AUTO PARTS, INC

DOCUMENT NUMBER: P10000004784

The enclosed *Articles of Amendment* and fec are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULO OLIVEIRA

Name of Contact Person

EAGLE TAX REPRESENTATION, CORP

Firm/ Company

4641 N STATE RD 7 STE 18

Address

COCONUT CREEK, FL - 33073

City/ State and Zip Code

paulo@eagle-tax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulo Oliveira, EA

Name of Contact Person

at ( 954 )

752-4553

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
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

**NUMBER 1 AUTO PARTS, INC**

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

**P10000004784**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**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**)

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept this appointment as registered agent. I am familiar with and accept 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>	<u>Address</u>	<u>Type of Action</u>
VP	JEFERSON M PEREIRA	849 S Deerfield Ave Bay D Deerfield Beach, FL - 33441	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**F. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**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)*

N/A

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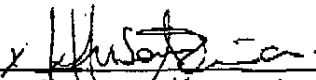
The date of each amendment(s) adoption: 08-15-2011  
(date of adoption is required)  
Effective date if applicable: 08-15-2011  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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 \_\_\_\_\_"  
(voting group)
- ☐ The amendment(s) 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 08/15/2011

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 court appointed fiduciary by that fiduciary)

JEFFERSON M PEREIRA

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)