## P10000016709

Office Use Only



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## COVER LETTER , .

TO: Amendment Sec Division of Corp					
NAME OF CORPO	RATION: BRITISH FOUR V	VHEEL DRIVE COMPAN	Y		
	BER: P10000016709				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	NORMAN GEARY				
		Name of Contact Person	ı		
		Firm/ Company			
	470 SOUTH DIXIE HWY WEST				
	Address				
	POMPANO BEACH, FL 33060				
		City/ State and Zip Code	2		
	norman@brit4wd.comeastbiz.net				
	E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, pleas	se call:			
NORMAN GEARY		at (	876-1464		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

## Articles of Amendment to Articles of Incorporation of

## BRITISH FOUR WHEEL DRIVE COMPANY

(Name	of Corporation as current	ly filed with the Florida De	pt. of State)	
P10000016709				
	(Document Number of	of Corporation (if known)		<del></del>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc" or Co.," or the designation "Cohartered," "professional association,"	Corp, " "Inc, " or "Co"	A professional corporation		
B. Enter new principal office address,				<del></del>
(Principal office address MUST BE A S	TREET ADDRESS )			
				2021
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				S 11
		<b>V</b>		-T) -39
				<del></del>
				P
D. If amending the registered agent at			ame of the	17. J
new registered agent and/or the ne	W registered office addres NORMAN GEARY	<u>s:</u>		9
Name of New Registered Agent				
	470 SOUTH DIXIE HWY			
	•	reet address)	22040	
New Registered Office Address:	POMPANO BEACH		, Florida	
		(City)	(Zip Ce	ode)
New Registered Agent's Signature, if o				
I hereby accept the appointment as regis	tered agent Lam familiar 	with and accept the obligation	ons of the position.	
,	d	<i>l)</i>		
	len L	- L		
<i>-</i>	Signature of New I	Registered Age t, if changing	<u> </u>	
Check if applicable		<i>-</i>		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.		

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	þ	NORMAN GEARY	470 SOUTH DIXIE HWY WEST
X Add			POMPANO BEACH, FL 33060
Remove			
2) Change	þ	MATHEWS, JAMES J	470 SOUTH DIXIE HWY WEST
Add			POMPANO BEACH, FL 33060
X Remove Change			
Add			<del></del>
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	additional Art s, if necessary).	(Be specific)			
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f an amendment prov	senting the ame	ndment if not cou	ntained in the an	<u>tion of issued sna</u> tendment itself:	res,
provisions for implen	indicate N/A)		A THE ATT	icamene itsen.	
provisions for implem (if not applicable,					
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The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes east for the amendment(s) or approval.
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval
by	••
6	oting group)
selected, by an ir	esident or other officer if directors or officers have not been accorporator - if in the hands of a receiver, trustee, or other court try by that fiduciary)
NORMA	N GEARY
**	(Typed or printed name of person signing)
PRESIDI	TY
	(Title of person signing)