P10000034529

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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Howis 7-15-10

COVER LETTER

TO: Amendment Section Division of Corporations 0000034529 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Vame of Contact Person at (239) 772-0351

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 & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

Leading Edge Auto Care Inc	LILED
(Name of Corporation as currently filed with the Florida Dept. of State)	2010 JUL 14 P #: 01
(Document Number of Corporation (if known)	SECRETARY OF STATE TALLAHASSEE. FLORIDA
nt to the manifolding of agation 607 1006 Florida Statutas, this Florida Dualit Counce	

7100000 345	20	200 OPE 11 P
	umber of Corporation (if known)	SECRETARY OF TALLAHASSEE. F
Pursuant to the provisions of section 607.10 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 abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p	he designation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		• • • •
	· ·	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/or	r registered office address in Flo	rida, enter the name of the
new registered agent and/or the new re		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addres	1
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered	d agent. I am familiar with and ac	ecept the obligations of the position.
	Signature of New Registered Age	ni, ij 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>	Name Con an all and a second s	Address	Type of Action
<u> </u>	Carol Hayes	Cafe Coral, Fl 33950	Add Remove
			☐ Add ☐ Remove
		,	☐ Add ☐ Remove
E. If amending (attach addit	or adding additional Articles, enter chional sheets, if necessary). (Be specific,	iange(s) here:	
		,	
provisions	dment provides for an exchange, reclass for implementing the amendment if no pplicable, indicate N/A)		
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption:	7-12-2010	
The date of each amendment(s)	(date	of adoption is require	ed)
Effective date if applicable:	1-12-20 no more than 90 days o) 10	·
(1	io more than 90 days i	after amendment file a	ate)
Adoption of Amendment(s)	(CHECK O	<u>ONE</u>)	t ·
The amendment(s) was/were by the shareholders was/were			votes cast for the amendment(s)
The amendment(s) was/were a must be separately provided f	approved by the sharel	holders through voting entitled to vote separa	g groups. The following statementely on the amendment(s):
"The number of votes cas	t for the amendment(s	s) was/were sufficient	for approval
by		**	
(v	oting group)	,	
The amendment(s) was/were action was not required. The amendment(s) was/were			
action was not required.	and the state of t		
Dated	7-12-2010	7	
Signature			
			ors or officers have not been
	ed, by an incorporator of the diduction		eceiver, trustee, or other court
••		•	
	Brian H	امييد	
-	(Typed or p	ayes orinted name of person	signing)
	Tropido +		,
-	(Title of person	ı signing)	· · · · · · · · · · · · · · · · · · ·
	(J	