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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: E-	z towing & f	REPAIR, INC.	
DOCUMENT NUMBER: P10000			
The enclosed Articles of Amendmen	nt and fee are su	bmitted for filing.	
Please return all correspondence con	ncerning this ma	tter to the following:	
ANDREW C	CEAN		
		Name of Contact Person	1
UNITED BR	ANDS		
		Firm/ Company	
6260 C DUP	ONT STATION	COURT	
		Address	
JACKSONV	ILLE FL 3221	7	
		City/ State and Zip Cod	e
ANDREWOCEAN	@UNITEDBR	ANDS.BIZ	1/
E-mail a	ddress: (to be u	sed for future annual report	notification)
For further information concerning	his matter, pleas	se call:	
ANDREW OCEAN		904 at (389-0000
Name of Contact Per	rson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the Florida Depa	artment of State:
	5 Filing Fee & cate 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

E-Z TOWING & REPAIR, INC.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P10000050199			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
	nation "Corp," "Inc." or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	
	B. Enter new principal office address, if applicable:		1
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		JACKSONVILLE FL 32210	P 29
			m ^c ≥ D
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3917 DISTANT MOON COURT	9: 16 TATE .080A
		JACKSONVILLE FL 32210	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	ANDREW OCEAN		
nume of new negative en rigem	6260 C DUPONT STAT	TION COURT EAST	
	(Florida .	street address)	
New Registered Office Address:	JACKSONVILLE	, Florida	32217
		(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis		nt: r with and accept the obligations of the po	sition
Thereo, accept the appointment at regat	horew of	Ocean)	Silvi.
	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)

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> <u>Joh</u>	on Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	SV Sal	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP, >	AARON G. FORRON	3917 DISTANT MOON COURT
X Add			JACKSONVILLE FL 32210
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramova			

Attach a	dditional shee	g additional A ets, if necessary). (Be specif	ic)				
						<u> </u>		
								
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provisio	ons for imple	ovides for an exementing the are, indicate N/A)	mendment if n	ssification, or ot contained i	cancellation in the amendi	of issued shar nent itself:	es,	
								•
				~				

, •	SEPTEMBER 13, 2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
N	/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	·
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
	ABER 19, 2016	
Signature	Acum Farm	
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	AARON G. FORRON	
	(Typed or printed name of person signing)	
	VICE PRESIDENT AND DIRECTOR	
	(Title of person signing)	