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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870

Fax Number : (850)222-1222

**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 USED CAR DEPOT, INC

Certificate of Status	0
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Corporate Filing Menu

JAN 07 2011

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EXAMINER

4

			_	
NO.	2994	Ρ.	2	

Articles of Amendment to Articles of Incorporation of

	0.2		
	AR DEPOT, INC		
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	
P10000065794			
(Document Num	ber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation a	dopts the following
A. If amending name, enter the new name of	the corporation:	•	
MARK ANTH	IONY MOTORS, INC.		The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	he word "corporation," designation "Corp," "Inc	"company," or "incorpora c," or "Co". A professiona	ated" or the
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET)			- F.E.
			FILED PH 2: 24 SECURIASSEE FLORID SECURIASSEE FLORID
C. Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE)			PH 2
12.4 12.4 001 01 01 01 01 01 01 01 01 01 01 01 01			2: 24 STATI FLORIT
	- 		
D. If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the name o	<u>f the</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		nd accept the obligations of	the position.
	gnature of New Registered	i Agent, if changing	

}

reproved a	g the Officers and/or Directors, entended title, name, and address of each Citional sheets, if necessary)	r the title and name of each offi officer and/or Director being ad	cer/director being ded:
<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	JACK MONTELEONE	18675 USHWY 19 #386 Clearwater FL 33764	☐ Add☐ Remove
provisio	nendment provides for an exchange, one for implementing the amendment applicable, indicate N/A)		

JAN. 7.2011 9:54AM	CAPITAL CONNECTION	NO. 2994 P.
The date of each amendmen	t(s) adaption: $12/2/2$	010
Wite over or party synchronien	date of adoptio	n is required)
Effective date if applicable:		70
	(no more than 90 days after amend	imont flie date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we . by the shareholders was/w		number of votes cast for the amendment(s)
		ough voting groups. The following statement ote 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/we action was not required.	re adopted by the board of directors	without shareholder action and shareholder
They are and mark (a) was here	an adapted by the ingomestate with	out shareholder action and shareholder
action was not required.	re adopted by the incorporators with	on sustenoided action and sustenoided
Dated	12/2/2010-	
83		
Signature	a director, president or other officer	- If directors or officers have not been
sele	cted, by an incorporator - if in the h	ands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)	
	MARK A Shart	Monteraez)
	(Typed or printed name	of person signing)
	Plasipant	
	(Title of person signing)	