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SECRETARY OF STATE

C. GOLDEN JUL 23 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	GB CARS INC.			
DOCUMENT NUMB	P10000070301			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	David Seal			
,		Name of Contact Person	<u> </u>	
	GB CARS INC.			
,		Firm/ Company		
	4140 WHIDDEN BLVD. U	INIT B		
•		Address		
	PORT CHARLOTTE, FL 3	33980		
		City/ State and Zip Code		
gbca	rsinc@gmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
David Seal		at (at (347-7500 le & Daytime Telephone Number	
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassec, FL 32314	Amendi Division Clifton	Address nent Section 1 of Corporations Building secutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

2018 JUL 19 PM 4:31

GB CARS INC.

GB CARS INC.

SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida Dept. of STATE) AHASSEE. FLORID,

	P100007	0301	
· ·	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment	
A. If amending name, enter the new na	me of the corporation:		
N/A		The new	
	ttion "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4140 WHIDDEN BLVD UNIT B	
		PORT CHARLOTTE, FL 33980	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4140 WHIDDEN BLVD UNIT B	
		PORT CHARLOTTE, FL 33980	
D. If amending the registered agent and			
new registered agent and/or the new registered office addres			
Name of New Registered Agent	21193 BASSETT AVE	NUE PORT CHARLOTTE, FL 33952	
		treet address)	
New Registered Office Address:	s: Port Charlette . Florida 3395		
		$\begin{array}{ccc} \text{If } \ell & & \text{. Florida} & 33452 \\ \text{(City)} & & \text{(Zip Code)} \end{array}$	
New Addres	s <		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		nt: with and accept the obligations of the position.	
Lynne	V/n_	Projection of America	

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: XChange	<u>PT</u>	John Doe	
X Remove	\underline{V}	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) X Change	PT	DAVID SEAL	4140 WHIDDEN BLVD. UNIT B
Add			PORT CHARLOTTE, FL 33980
Remove			-
2) X Change	vs	LYNNE FITZPATRICK	21193 BASSETT AVE
Add			PORT CHARLOTTE, FL 33952
Remove			
3) Change		-	
Add			_
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch	iange, reclassifica	tion, or cancellatio	on of issued sha	res,
provisions for implementing the ame	ndment if not cor	itained in the amei	ndment itself:	
(if not applicable, indicate N/A)				
-				

The date of each amendmen		, if other than the
date this document was signed	i. JULY 1 2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes	s 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	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Signature	Y 10, 2018	
(†) Se	By director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	DAVID SEAL	
	(Typed or printed name of person signing)	
	PRESIDENT/TREASURER	
	(Title of person signing)	