(Requestor's Name)	
(Address)	50019
(City/State/Zip/Phone #)	02/10/11
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	proche /

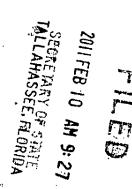
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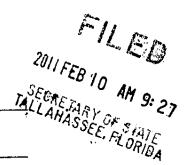


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: BOB'S AUT	O & MUFFLER SH	IOP, INC.
DOCUMENT NUMBER:		P11000000145	
The enclosed Articles of Amer	adment and fee are submitt	ed for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
	· MELLIE E	BARKER	
	Name of Con	tact Person	
J	& J ACCOUNTING & PA	YROLL SERVICE, IN	IC.
	Firm/ Co	mpany	
	P. O. BO		
	Addr	ess	
	DUNDEE, I	FL 33838	
	City/ State an		
E-mai	JACCOUNT@TAMPA	BAY.RR.COM annual report notification)	
For further information concer	ning this matter, please cal	1:	
MELLIE BAR	KER at (39-4919
Name of Contact Pe	rson	Area Code & Daytime Tele	ephone Number
Enclosed is a check for the foll	owing amount made payab	ole to the Florida Depart	ment of State:
	cate of Status Ce	3.75 Filing Fee & rtified Copy Iditional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Ame Divis Clifte 2661	et Address ndment Section sion of Corporations on Building Executive Center Circle hassee, FL 32301	e .

Articles of Amendment to Articles of Incorporation of



BOB'S AUTO & MUFFLER SHOP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000000145

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

e must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or th e must contain the word "chartered," "pr	e designation "Corp," "Inc,'	or "Co". A professional corpo
Enter new principal office address, if ap acipal office address MUST BE A STREA		
cipui office uuuress <u>MOST DE A STRES</u>		
	<u> </u>	
Enter new mailing address, if applicable	<u>e:</u>	
Mailing address MAV DE A DOCT OFF	ICE DOV	
Mailing address <u>MAY BE A POST OFF</u>	<u>ICE BOX</u>)	
Mailing address <u>MAŸ BE A POST OFF</u>	ICE BOX)	
Mailing address <u>MAŸ BE A POST OFF</u> f amending the registered agent and/or	registered office address in	Florida, enter the name of the
Mailing address MAY BE A POST OFF	registered office address in	Florida, enter the name of the
Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in	Florida, enter the name of the
Mailing address MAY BE A POST OFF. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in istered office address:	
Mailing address MAY BE A POST OFF. If amending the registered agent and/or new registered agent new reg	registered office address in	
Mailing address MAY BE A POST OFF. f amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in istered office address: (Florida street address)	dress) , Florida
Mailing address MAY BE A POST OFF. f amending the registered agent and/or lew registered agent and/or the new reg Name of New Registered Agent:	registered office address in istered office address:	dress)
Mailing address MAY BE A POST OFF. f amending the registered agent and/or lew registered agent and/or the new reg Name of New Registered Agent:	registered office address in istered office address: (Florida street address) (City) ing Registered Agent:	dress) , Florida (Zip Code)

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	Address	Type of Action
<u>P</u>	ROBERT R. GLOVER	5372 EAST JOHNSON AVE HAINES CITY, FL 33844	_
<u> </u>	JOHN R. GLOVER	5372 EAST JOHNSON AVE HAINES CITY, FL 33844	_ ☑ Add _ □ Remove
			_
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spe		
Please ar	mend Article VII to read John R. G	lover as President. The addre	ess will remain
the same	. See the section above.		
*			
···			
			19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
<u>provisi</u>	mendment provides for an exchange, reons for implementing the amendment is not applicable, indicate N/A)	eclassification, or cancellation of is final from the first final final from the first first first from the first	ssued shares, itself:
• .•		- · · · · · · · · · · · · · · · · · · ·	.

The date of each amendmen	t(s) adoption: 02/07/2011
Effective date if applicable:	(date of adoption is required)
Enective date it appreade.	(no more than 90 days after amendment file date)
•	•
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_02/0)6/2011 .
	Addirector, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	JOHN R. GLOVER
•	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)