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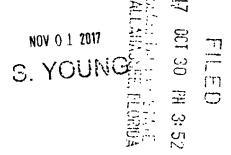
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

LE CLASSIC & AUTO SA		
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tter to the following:		
Name of Contact Person		
Firm! Company		
OURT EAST, SUITE C		
Address		
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City/ State and Zip Code	•	
ANDS RIZ		
	notification)	
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se call:		
9(J4 at {	389-0000	
Area Co	de & Daytime Telephone Number	
payable to the Florida Depa	artment of State:	
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address	
Amendment Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2001 Executive Center Cir		
2001 ≀	assee, FL 32301	
	Name of Contact Person Firm' Company COURT EAST, SUITE C Address 7 City' State and Zip Code ANDS.BIZ sed for future annual report se call: at (Area Co payable to the Florida Depa S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend Division Cliffor	

Articles of Amendment to Articles of Incorporation of

ALL AFFORDABLE CLASSIC & AUTO SALES, INC.

(Name o	f Corporation as currently	filed with the Florida Dept, of State)	
P11000061590			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	lorida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
	ation "Corp." "Inc." or "C	" "company," or "incorporated" or the o", A professional corporation name m A."	
B. Enter new principal office address. (Principal office address MUST BE A S			
			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent und/or the new	id/or registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent	ANDREW OCEAN		30
Name of the Registre Agen	6260 C DUPONT STATIO	N COURT EAST	一品。
	tFlorida stre		
New Registered Office Address:	JACKSONVILLE	. Florida 3221	7 (2) on 1
COLD MERIMETER VIII CALL		City) (Zip Code
New Registered Agent's Signature, if o	phanaina Besistered Asset:		,
I hereby accept the appointment as regis	geled agent. I am familiar w	ith and accept the obligations of the positi	on.
(v	Warrel	Walan)	
1	Signature of New Re	egistered 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, $V \in Vice President$; 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	PT John	Doc	
X Remove	y Mik	· lones	
X Add	<u>SV</u> <u>\$alb</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	P	GEER, VASCO R, III	4275 POINT LA VISTA ROAD W
Add			JACKSONVILLE FL 32207
X Remove			
2) Change	τ	GEER, HUNTER B	4275 POINT LA VISTA ROAD W
Add			JACKSONVILLE FL 32207
X Remove			
3) Change	Р	FORRON, AARON G	3917 DISTANT MOON COURT
X Add			JACKSONVILLE FL 32210
Remove			
4) Change	VP	HONEYCUTT, JIMMY LEE	6204 Regiment DR.
X Add			Gao4 Regiment DR. Jacksanville, FL 32271
Remove			
5) Change			and the state of t
Add			
Remove			
6) Change		4000	
Add			**************************************
Remove			

tach <i>addition</i>	adding additional al sheets, if necessa	ny). (Be specifi	c)			
						
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<u>rovisions for</u>	ent provides for an implementing the blicable, indicate No	amendment if no	sification, or co	ncellation of is: the amendment	sucd shares, itself:	
						, "
			}			
			<u> </u>			
·····	-,,					

The date of each amendment(s	AUGUST 14, 2017	
date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s sufficient for approval.	;)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(votting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
AUGUS Dated	T 14, 2017	
Signature	Ann Ema	·····
sele	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 courbinted fiduciary by that fiduciary)	1
	AARON G. FORRON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	