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Office Use Only

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COVER LETTER

* TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Allstar Automotive Services Inc.	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tessica Grustafson Name of Contact Person Alternative Business Service LLC Firm/ Company	
Name of Contact Person	
HITERATIVE BUSINESS DEFUICE LLC Firm/ Company	
1069 Eastern Pkwy Address	
Address	
Lows ville Ky 40205 City/ State and Zip Code	
City/ State and Zip Code	
Lessica D Alternative Business Service Com E-mail address: (to be used for future annual report notification)	> 0.
E-mail address: (to be used for future annual report notification)	~<
A CONTRACTOR OF THE CONTRACTOR	
. 10	
Tessica Gustafson at (904) 200 1938 200 Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee	
Note that the Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy	
enclosed) (Additional Copy	
is enclosed)	
Mailing Address Amendment Section Amendment Section Amendment Section	

Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



March 20, 2023

JESSICA GUSTAFSON 6028 CHESTER AVENUE SUITE 206A JACKSONVILLE, FL 32217

SUBJECT: ALLSTAR AUTOMOTIVE SERVICES INC

Ref. Number: P11000061837

We have received your document for ALLSTAR AUTOMOTIVE SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

C DO DOV COOT M H I THE CLOOK

Letter Number: 723A00006433



March 23, 2023

JESSICA GUSTAFSON 6028 CHESTER AVENUE, SUITE 206A JACKSONVILLE, FL 32217

SUBJECT: ALLSTAR AUTOMOTIVE SERVICES INC

Ref. Number: P11000061837

We have received your document for ALLSTAR-AUTOMOTIVE SERVICES INC, however, upon receipt of your document no check was enclosed.) Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

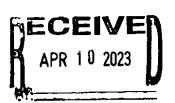
You need to complete the amendment form and not the restate articles.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 523A00006747



Articles of Amendment to

Articles of Incorporation

to

	of ,	C /			
		Services Inc			
(Name of Corpor	ation as currently	filed with the Florida Dep	i. or state)		
# // ()000 (₄	ol 83 1	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Fi</i>	orida Profit Corporation w	dopts the follo	wing ar	mendment(s)
A. If amending name, enter the new name of the	e corp <u>oration:</u>				
	. <u>-</u>	. <u>-</u>			ie new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the above	nc," or "Co". A	mpany," or "incorporated" professional corporation n	or the abbrev ame_must_co	iation " ntain th	Corp.," he word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A					
			co.	20	
				<u>-</u> ੜ-	Z21*48:24
C. Enter new mailing address, if applicable:	PAN)		7 1 1 3 5-5	APR	THE PARTY OF
(Mailing address <u>MAY BE A POST OFFICE</u>)	<u> </u>	-	الْمُرَّادِّةِ:	0	j ====
			- <u> </u>	- 70	
				<u>.</u>	
D. If amending the registered agent and/or registered agent and/or the new register	stered office addre ed office address:	ss in Florida, enter the na	me of the	32	
Name of New Registered Agent					
			<u></u>		
	(Florida stree	t address)	· <u>-</u> .		
New Registered Office Address:			, Florida		
web tegative office new car	((City)		Zip Code	e)
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registered agen	ı. 1 am familiar wi	th and accept the obligation	s of the positi	on.	
Si	ignature of New Reg	istered Agent, if changing			

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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: <u>X</u> Change	<u>PT</u> <u>Johr</u>	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S, T, D	Greg Hawkinberry	510 May Port Rd, Unit 1 Atlantic Beach, FL 3223.
Add			Attantic Beach, FL 3223.
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			,
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption: date this document was signed.	1/3/2023	, if other than the
,	1/2023 (no more than 90 days after amendmen.	
	(no more than 90 days after amendmen.	t file date)
Note: If the date inserted in this block does no document's effective date on the Department of		quirements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the i action was not required.	incorporators, or board of directors withe	out shareholder action and shareholder
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a		for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amen	ndment(s) was/were sufficient for approv	al
byShareholde	er5	
(voti	ing group)	
Dated //3/2023	<u> </u>	
Signature	vry Essick	
(By a director, presi	den or other officer – if directors or officer	
appointed fiduciary	orporator – if in the hands of a receiver, to by that fiduciary)	ustee, or other court
Te	Typed or printed name of person signing	
C	Typed or printed name of person signing)
	Posident	
(*	Title of person signing)	