## P11000098595

| (Re                     | questor's Name)   |             |  |  |
|-------------------------|-------------------|-------------|--|--|
| (Ad                     | dress)            |             |  |  |
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| (Cit                    | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                     | siness Entity Nar | me)         |  |  |
| (Document Number)       |                   |             |  |  |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: POR                   | T RICHEY TRUCK ACCESSORIES, INC.                      |  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT NUMBER: P11000                    |   |  |  |  |  |
| The enclosed Articles of Amendment and     | fee are submitted for filing.                         |  |  |  |  |
| Please return all correspondence concerni  | ng this matter to the following:                      |  |  |  |  |
| JOY M AN                                   | DERSON  |  |  |  |  |
|  | Name of Contact Person                                |  |  |  |  |
| SUNCOAS                                    | SUNCOAST ACCOUNTING AND TAXES                         |  |  |  |  |
|  | Firm/ Company   |  |  |  |  |
| 7007 EISE                                  | NHOWER STREET   |  |  |  |  |
| •  | Address   |  |  |  |  |
| WEEKI WA                                   | CHEE, FL 34613  |  |  |  |  |
| -  | City/ State and Zip Code                              |  |  |  |  |
| joy anderson2                              | 003@yahoo.com   |  |  |  |  |
|  | s: (to be used for future annual report notification) |  |  |  |  |
| For first or information conserving this w | , , , , , , , , , , , , , , , , , , ,                 |  |  |  |  |
| For further information concerning this m  | atter, please call:                                   |  |  |  |  |
| JOY M ANDERSON                             | <sub>at (</sub> 727) 216-8799                         |  |  |  |  |
| Name of Contact Person                     | Area Code & Daytime Telephone Number                  |  |  |  |  |
| Enclosed is a check for the following amo  | unt made payable to the Florida Department of State:  |  |  |  |  |
| \$35 Filing Fee                            |   |  |  |  |  |
| Mailing Address Amendment Section          | Street Address Amendment Section                      |  |  |  |  |
| Division of Corporation                    |   |  |  |  |  |
| P.O. Box 6327                              | Clifton Building                                      |  |  |  |  |
| Tallahassee, FL 32314                      | 2661 Executive Center Circle                          |  |  |  |  |
|  | Tallahassee, FL 32301                                 |  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

## PORT RICHEY TRUCK ACCESSORIES, INC.

| (Name of Corporation as currently   | filed with the Florida                     | Dept. of State)                 | ,                                    |                          |
|---|--|---------------------------------|--------------------------------------|--------------------------|
| P11000098595  | -  | <del>_</del>                    |                                      |                          |
| (Document Number  | of Corporation (if know                    | vn) ·                           |                                      |                          |
| Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:  | ida Statutes, this <i>Florid</i>           | <b>la Profit Corporation</b> ad | opts the following                   | ; amendment(s) to        |
| A. If amending name, enter the new name of the  | corporation:                               |                                 |                                      |                          |
|   |  |                                 |                                      | The new                  |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the company of the contact | rp," "Inc," or "Co".                       | A professional corpora          | rated" or the ab<br>tion name must c | breviation<br>ontain the |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL  |  |                                 |                                      |                          |
|   | _  |                                 |                                      |                          |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B  | <u></u>                                    |                                 |                                      | 140                      |
| . •   |  |                                 |                                      | ETANGE<br>CT -9          |
| D. If amending the registered agent and/or registered agent and/or the new registered   | tered office address in                    | Florida, enter the nam          | e of the                             | 1                        |
| N CN D C L  | d office address:                          | ·                               |                                      | 出版                       |
|   | (Florida street ad                         | dress)                          |                                      |                          |
| New Registered Office Address:  | (City)                                     | , Florida_                      | (Zip Code)                           |                          |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.  | egistered Agent:<br>. I am familiar with a |                                 |                                      |                          |
| 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: X Change          | <u>PT</u>                              | John D      | <u>oe</u>         |                       |
|----------------------------|--|-------------|-------------------|-----------------------|
| X Remove                   | <u>v</u>                               | Mike Jo     | <u>ones</u>       |                       |
| X Add                      | <u>sv</u>                              | Sally S     | <u>mith</u>       |                       |
| Type of Action (Check One) | <u>Title</u>                           | ,           | <u>Name</u>       | <u>Addres</u> s       |
| 1) Change                  | V, D                                   | _           | BRIAN ALAN WELLER | 5617 PALMETTO ROAD    |
| Add                        |  |             |                   | NEW PORT RICHEY, FL 3 |
| Remove                     |  |             |                   |                       |
| 2) Change                  | <del></del>                            | <del></del> |                   |                       |
| Add                        |  |             |                   |                       |
| Remove                     |  |             |                   |                       |
| 3) Change                  |  | _           |                   |                       |
| Add                        |  |             |                   |                       |
| Remove                     |  |             |                   |                       |
| 4) Change                  | ************************************** |             |                   |                       |
| Add                        |  |             |                   |                       |
| Remove                     |  |             |                   |                       |
| 5) Change                  |  |             |                   |                       |
| Add                        |  |             |                   |                       |
| Remove                     |  |             |                   |                       |
| 6) Change                  |  |             |                   |                       |
| Add                        |  |             |                   |                       |
| Remove                     |  |             |                   |                       |

| f amending or adding additional Arti<br>Attach additional sheets, if necessary).                                | (Be specific)  |
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| f an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
|   |  |
|   |  |
|   |  |
|   |  |
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|   |  |
|   |  |

| The date of each amendment(s) adoption:date this document was signed.  | , if other than the |
|--|---------------------|
| Effective date if applicable: 10/06/2014   |                     |
| (no more than 90 days after amendment file date)   |                     |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.  | iment(s)            |
| The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s)                      |                     |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |                     |
| by"  |                     |
| by"  (voting group)  |                     |
| The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.  | reholder            |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.   | lder                |
| Dated 10/06/2014   |                     |
| Signature Della (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary) |                     |
| SHAYNE WELLER Shayor Welk (Typed or printed name of person signing)  | -er                 |
| (Typed or printed name of person signing)  |                     |
| PRESIDENT Shayue Welher Pre  | side DT             |
| (Title of person signing)  |                     |