## P110000 99996

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
<u></u>	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

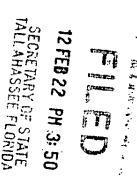
Office Use Only



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## **COVER LETTER**

SUBJECT: GMR AUTO SALE	(Name of Corporation)
Ď1-	• • •
DOCUMENT NUMBER: P1	1000099996
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
RAUL D GRULLON	
(Name of Pe	rson)
GMR AUTO SALES INC	
(Name of Firm/C	Company)
7430 N FLORIDA AVE	
(Address	3)
TAMPA FL 33604-4102	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
RAUL D GRULLON	at ( 813 ) 234-1435
(Name of Person)	at (813) 234-1435 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

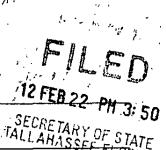
Amendment Section Division of Corporations

## **Articles of Amendment** to Articles of Incorporation of

GMR AUTO SALES, INC

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

P11000099996



nent(s) to

(Document Number of C	Corporation (if know	ı)	LURIDA	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation a	lopts the following amendme	
A. If amending name, enter the new name of the cor	poration:		The wo	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co".	ompany," or "incorport A professional corport	The nevorated" or the abbreviation name must contain the	
B. Enter new principal office address, if applicable:	licable: 7430 N FLOR		IDA AVE	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS) TA	TAMPA, FL 33604		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	74	7430 N FLORIDA AVE		
. (		TAMPA, FL 33604		
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		Florida, enter the nai	ne of the	
Name of New Registered Agent	11100 0001 0001			
Nume of New Registered Agent			•	
·	(Florida street addi	·ess)		
New Registered Office Address:		, Florida	<u>, , , , , , , , , , , , , , , , , , , </u>	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered agent. I	am familiar with an	d accept the obligation	ns of the position.	
Signature of Nev	w 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> Jo	ohn Doe	
X Remove	<u>v</u> <u>w</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
Change Add Remove	<u>VP</u>	ANDERSON A MORAN	7430 N FLORIDA AVE TAMPA, FL 33604
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

	or adding additiona tional sheets, if necess	ary). (Be specif	ic)		
			<del></del>		,
<u>-</u>					
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If an amend	dment provides for a for implementing th	e amendment if n	ssification, or can	cellation of issued s	shares,
DI OAISIO(12	applicable, indicate N	√/A)			
(if not					
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(if not					

l'he date of each amendment(s) a	doption: 02[07[12
Effective date if applicable: 02	2.07.12
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
Dated 02 08	r <b>12</b>
Signature	en Grueloù
	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	RAUL D GRULLON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)