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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JOE MURPHY, R	NC.			
DOCUMENT NUMBI					
The enclosed Articles of	f Amendment and fee are st	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
j	OE MURPHY				
	Name of Contact Person				
		Firm Company			
5	5666 SYLVAN GLEN RUN				
Address FLEMING ISLAND, FL 32003					
-		City/ State and Zip Cod	c		
DRAG:	STRIPDOGCASH@YAHO	O.COM			
, 	E-mail address: (to be us	sed for future annual report	notification)		
For further information of	concerning this matter, pleas	se call:			
JOE MURPHY		904	219-6105		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Dept	artment of State:		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen Divisi P.O. B	ng Address dinent Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building (xecutive Center Circle (assec, FL 3230)		

Articles of Amendment to Articles of Incorporation of

JOE MURPHY, INC.	
(Name of Corporation	as currently filed with the Florida Dept. of State
P11(000108312	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
AUTO REFINISHERS ONE. INC.	——————————————————————————————————————
name must be distinguishable and contain the word." "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	"Inc." or "Co". A professional corporation name music unain so
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered offi 	
	ice accress.
Same of Sea Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obligations of the position.
Signatur	re 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:

tAttach 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.

XChange	<u>PT</u>	John Doe	
X Remove	7.	Mike Jones	
_X Add	$\underline{\mathbf{SV}}$	Sally Smith	
Type of Action (Check One)	Title	<u>Nanœ</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	•		
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change			
Add			. And the second
Remove			_
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
δ) Change			
Add			
Remove			

Hamending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
•	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate NA)	ndment if not contained in the umendment itself:
,	
and the state of t	

The date of each amendmen		if other than the
date this document was signed		
Effective date <u>if applicable</u> :	05/01/2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes east for the amene ere sufficient for approval.	lment(s)
	re approved by the shareholders through voting groups. The following sed for each voting group entitled to vote separately on the amendments	
"The number of votes	s cast for the amendment(s) was were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was we action was not required.	re adopted by the board of directors without shareholder action and shareholder action action and shareholder action act	reholder
☐ The amendment(s) was we action was not required.	re adopted by the incorporators without shareholder action and sharehol	der
04/20	2017	
Dated		
1.4	-(/ n n / n n n n n n n n n n n n n n n n	
Signature	Jack Hogh	
	by a dispetor, president or other officer - if directors or officers have not	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other	er court
aj	pointed fiduciary by that tiduciary)	
	JOSEPH MURPHY	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	