

# P12000025919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

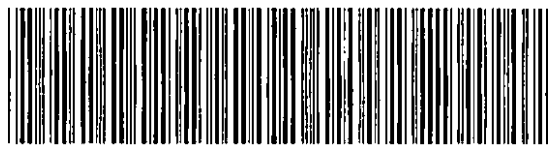
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*mm*

# Auto4youinc

5350 McIntosh rd Sarasota, FL 34233.  
Office:(941)-924-9200

Florida Department of State  
Division of Corporations

Sarasota, 06/23/2023

## STATEMENT OF FACTS

It came to my attention that my Sunbiz record contains absolutely false and counterfeit information most likely created by fraudulent and malicious filing of an annual report filled by an non-authorized person who I don't know.

I, Jakub Klementowski hereby testify:

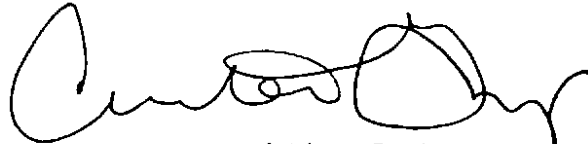
1. I'm solely responsible for all changes of my business records. There is no one else authorized to do so. Auto 4 You is solely owned by me as its president.
2. Last annual report (2023) has been falsely filled by a person who I completely do not know, and contains the principal address located out of the state of Florida. I would like to underline the fact that this person never had any authorization to create any statement on my behalf. Report contains altered and false information potentially presenting a danger to my company.
3. **MITCHELL SEIDLER** is NOT (and never been) AN AUTHORIZED AGENT or Representant of Auto 4 YOU, INC.
4. **127 Westwood Dr, 1st fl, Brentwood, NY 11717** HAS NEVER BEEN valid or legit address of my company.
5. Please notice: there are absolutely no changes in the ownership or address of my company.

While I can not exclude the possibility of non-intentional clerical mistake, it is very unlikely that someone mistakenly acts on my behalf as a President of the Company. Therefore I have a well grounded suspicion that we are dealing with identity theft (a third grade felony), so I'm forced to fill out the police report and bring this case to the attention of the State Attorney. I also will fill and send in the corrected Annual Report containing real and not non-authorized information.

Sincerely,

  
President of Auto 4 You, Inc.

Jakub Klementowski





Antoinette Bozzi  
Notary Public  
State of Florida  
Comm# HH134944  
Expires 8/5/2025

2023 JUN 26 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AUTO 4 YOU INC

DOCUMENT NUMBER: P12000025919

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAKUB KLEMENTOWSKI

Name of Contact Person

AUTO 4 YOU, INC

Firm/ Company

5350 MCINTOSH RD

Address

SARASOTA, FL 34233

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAKUB KLEMENTOWSKI

at ( 941 )

366-5964

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:

☐ \$35 Filing Fee

☒ \$43.75 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

Auto 4 You, Inc

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

P12000025919

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

5350 MCINTOSH RD

SARASOTA, FL 34233

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

5350 MCINTOSH RD

SARASOTA, FL 34233

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent JAKUB KLEMENTOWSKI

5350 MCINTOSH RD

(Florida street address)

New Registered Office Address: SARASOTA, Florida 34233


(City)

(Zip Code)

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TALLAHASSEE, FL

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>SEIDLER MITCHELL</u>	<u>127 WESTWOOD DR 1st FL</u>
<input type="checkbox"/> Add			<u>BRENTWOOD, NY 11717</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>JAKUB KLEMENTOWSKI</u>	<u>5350 MCINTOSH ROAD</u>
<input type="checkbox"/> Add			<u>SARASOTA, FL 34233</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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STATE

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**

**provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

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TALLAHASSEE, FL

06/23/2023

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

06/23/2023

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement 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 owner of the company \_\_\_\_\_."  
(voting group)

06/23/2023  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JAKUB KLEMENTOWSKI

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

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TALLAHASSEE, FL