P12000039094

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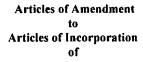
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ADMIRAL AUTO CARE INC					
DOCUMENT NUME	DOCUMENT NUMBER: P12000039094				
The enclosed Articles	of Amendment and fee are sub	mitted for filing.			
Please return all corres	spondence concerning this matt	ter to the following:			
	AVERY IRVING				
		Name of Contact Person	<u> </u>		
	ADMIRAL AUTO	CARE INC			
		Firm/ Company			
	7640-3 HOOPER	RD			
		Address			
	WEST PALM BEA	ACH, FL 33411			
		City/ State and Zip Code			
indi	na/@amail.com				
11 V II	na4@gmail.com	ed for future annual report	notification)		
	E-man address. (to be use	ou for future annual report	notification)		
For further information concerning this matter, please call:					
AVERY IRVING		at (561	304-8403		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	ayable to the Florida Depa	artment 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			Address		
	endment Section ision of Corporations	Amendment Section			
	Box 6327	Division of Corporations Clifton Building			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301





ADMIRAL AUTO CARE INC

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

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dment(s) to

(Documen	nt Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corpord	ation adopts the following an	nendme
A. If amending name, enter the new na	me of the corporation:			
			The	e new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional o	incorporated" or the abbre corporation name must cont	eviation tain the
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
D. If amending the registered agent an	d/on nonintened office addressed	es in Florida, antar	the name of the	
new registered agent and/or the new		s in Florida, enter	ne name or the	
Name of New Registered Agent	AVERY IRVING			
Traine of their Registered rigeth	7640-3 HOOPER	RD		
	(Florida street	address)		
New Registered Office Address:	WEST PALM BEACH , Florida		Florida 33411	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist Si		•	ligations of the position.	

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	<u>V</u> <u>Mike Jones</u>			
X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	PΤ	AVERY IRVING	7640-3 HOOPER RD	
Adid			WEST PALM BEACH	
Remove			FL, 33411	
2) C ha nge	V	JULIAN IRVING	7640-3 HOOPER RD	
Add			WEST PALM BEACH	
Remove		~ 1	FLORIDA 33411	
3) Change	1	Iving Live	10 0	
Add		,	-	
Remove			01. 7	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach <i>additional</i>	sheets, if necessary). (Be specifi	c)		
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		-			
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fan amendmen	t provides for an ex	rchange recla	sification, or c	ancellation of issi	red shares.
<u>provisions for i</u>	mplementing the a	mendment if n	ot contained in	the amendment i	tself:
(if not appli	icable, indicate N/A)				
<u></u>					
··· · · · · · · · · · · · · · · · · ·					
			<u> </u>		
					<u> </u>

The date of each amendment(s) adopti	on: <u>08/16/2012</u>
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated	3-16-12
selected, by	president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	AVERY IRVING (Typed or printed name of person signing)
	President
-	(Title of person signing)