## P12000092459

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Roadside Assistance & Towing INC DOCUMENT NUMBER: P12000092659 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Miranda Schipper Name of Contact Person Roadside Assistance & Towing 1 \( \( \infty \). 5220 Moore Loop Address Crestview, FL 32536 City/ State and Zip Code roadsidemiranda@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miranda Schipper Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Roadside Assistance & Towing INC.		
(Name of Corporation as currently filed with the F	lorida Dept. of State)	_
P12000092659		_
(Document Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation;		
NIA		_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	-
		- - <u>-</u> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	THE STATE OF THE S
	, .	一型。
		- STA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		7
Name of New Registered Agent NP		
(Florida str	reet address)	
New Registered Office Address:	, Florida	_
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to		
	areast the conganities of the position.	
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.

X Change	PT	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	CEC	)	Miranda Schipper	5220 Moore Loop
Add				Crestview, FL 32536
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change	·_ =			
Add				
Remove				
4) Change	<u></u> .			
Add				
Remove				***************************************
5) Change				
Add				
Remove				
6) Change				
<del></del>	*** * * * * * * * * * * * * * * * * * *			
Add				
Remove				

E.	If amending or adding additional Articles, enter change(s) here:
	Attach additional sheets, if necessary). (Be specific)
	NA
····	
_	
_	
_	
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)
	NIA
_	
_	

date this document was signed.	option:	ii otner than u
Effective date if applicable:	NIA	
<del></del>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated April 1, 2	2014	
Signature <u>Pla</u>	- lanh-	
	region, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Alan Jenkins	<del></del>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	