P12000096899

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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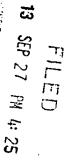


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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EAGLE AUTO RELOCATION, INC DOCUMENT NUMBER: P12000096899 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEPHEN MANDELL Name of Contact Person CARRIER SERVICES OF AMERICA Firm/ Company 819 S. LAKE JESSUP AVE Address TALLAHASSEE, FL 32301 City/ State and Zip Code stephen.mandell@carrierame.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEPHEN MANDELL 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: □\$43.75 Filing Fee & ■ \$35 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) **Mailing Address** Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of Inc	
EAGLE AUTO RELOCATION, INC.	
(Name of Corporation as currently filed with the F	Florida Dept. of State)
P12000096899	27
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following artendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation"	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	307 AULIN AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	#200
	OVIEDO, FL 32765
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	307 AULIN AVE
	#200
	OVIEDO, FL 32765
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	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	
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	<u>PT</u> J	ohn Doe	
X Remove	<u>v</u> <u>v</u>	<u> Aike Jones</u>	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	TROY DONAHUE	819 S. LAKE JESSUP AVE
Add			OVIEDO, FL 32765
X Remove			
2) Change	Р	ROBERT W. MONTGOMERY	307 AULIN AVE.
X			#200
Remove			OVIEDO, FL 32765
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			- · · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

	r adding additional A nal sheets, if necessary). (Be specific)	ngo(o) note.		
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n an amenun provisions fo	ent provides for an ex r implementing the ar	nendment if not (contained in the a	<u>nation of issued si</u> imendment itself:	iares,
(if not ap	plicable, indicate N/A)				
-					

The date of each amendment(s) adoption: U9/2//2013	, if other than the
date this document was signed. 09/27/2013	
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. 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" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Date: 09/27/2013	
Signature Try Cod Co	
(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)	
TROY DONAHUE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of nerson signing)	