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Division of Corporations

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From:

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Account Number : I20010000121 : (305)758-9001 Fax Number : (305)758-0506

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COR AMND/RESTATE/CORRECT OR O/D RESIGN RILEYS AUTO SALES INC

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To: 18506176380@rcfax.cc Fax: +18506176380

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: RILEYS A	UTO SALES INC	
DOCUMENT NUMB	ER: P1200010306	8	
	of Amendment and fee are su		
Please return all corres	- pondence concerning this ma	tter to the following:	
	-		
	Diana Burgos		
	D	Name of Contact Person	1
	Dealer Consulting		·
	7537 NW 7th Ave	Firm/ Company	
	1001 INV TUI AVE	Address	
	Miami, FL 33150	Audicas	•
•	77.1G(11), 1 L GG 1GG	City/ State and Zip Cod	8
	-	,	
cor	porations@dcsmi	ami.com sed for future annual report	actification)
	2-11201 andress. (to be th	sed for iddite simusi report	nouncation)
For further information	concerning this matter, pleas	se call:	
Diana Burgos	5	at (305	, 758-9001
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
S35 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)
	ling Address		Address
	ndment Section sion of Corporations		Iment Section on of Corporations
P.O.	Box 6327 hassee, FL 32314	Clifton	Building
1 4113	uiaaace, FL 34314	200 J E	xccutive Center Circle

RILEYS AUTO SALES INC		
(Name of Corporation as currently filed with the	Florida Dept. of State)	-
P12000103068		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the i	following an
A. If amending name, enter the new name of the corporation:		
		The
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		100
		<u>ਾ</u> ਫ
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	dress in Florida, enter the name of the	
	791	- T
Name of New Registered Agent		7 3
(Florida	street address)	100 ci
•		43 8
New Registered Office Address: (Cu	, Florida y) (Zip C	
New Devictored Assets Classical St.		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	<u>IG</u> r with and accept the obligations of the po	osition.
Signature of New Registered	Agent, if changing	

_		_
From:	Sandra	Perez

Fax: (888) 501-2390

To: 18506176380@rcfax.cdFax: +18506176380	Page 5-of 7_10/4/2013 4:35
H^{\prime}	1210101

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and titl 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 u a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	ore, and eller	y arriving 3 · as arrivina	
X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	GERALD RILEY JR.	640 N. DIXIE HWY UNIT 6
Add			HOLLYWOOD, FL 33
X Remove			
2) X Change	VP	IMANUEL D. FRAZIER	18 OLD COUNTRY F
Add			BROOKHAVEN, NY 117
Remove	•		
3) Change	<u>p</u>	IMANUEL D. FRAZIER	18 OLD COUNTRY R
X Add			BROOKHAVEN, NY 117
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
···	
an amendment provides for an excherovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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10-02-2013 The date of each amendment(s) adoption: date this document was rigned. 10-02-2013 Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) The amendment(s) was were edupted by the thereboiders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. [3] 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 sole separately on the amendment(s): The number of votes cast for the amendment(1) was were sufficient for approval by. (voting group) [2] 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 recorporators william shareholder action and shareholder. action was not required. By a director, president of 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) lmanuel D. Frazier (Typed or printed came of person signing) President (Title of person signing)