Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000295084 3)))



H170002950843ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

TENDY -8 PH 2: 06
PERMIT OF CORPERATION
WISION OF CORPERATION
MILL AUX SEEP FE SHIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN 7 AUTO PARTS, INC.

Certificate of Status	of Status 0				
Certified Copy	0				
Page Count	05				
Estimated Charge	\$35.00				

NOV - 9 2017

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

7 AUTO PARTS, INC.		
(Name of Corporation	as currently filed with the Florida Dept. of State)	
P13000004838		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment	ent(s) t
A. If amending name, enter the new name of the corp	poration:	
	The new	
name must be distinguishable and contain the word "Corp.," "Inc" or Co.," or the designation "Corp.," word "chartered," "professional association," or the abi	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."	;
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR)	ZESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	1 office address in Florida, enter the name of the fice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(Ciry) (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	tered Agent: Om familiar with and accept the obligations of the position.	
Signatui	ure 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 = Chalrman 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>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) Change	P	_	Alba Haga, Corp.	6980 Roswell RD I-6
XX Add				Atlanta, GA 30328
Remov e				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5)Change				·
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THE SHAREHOLDER IS: ALBA HAGA, CORP., a Georgia Corporation 100%
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)
······································

	11-02/2017	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required. Dated	dopted by the incorporators without shareholder action and shareholder	
Signature	1/1/5/	
	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator — if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
•	Hector J. Nolivos Q	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	