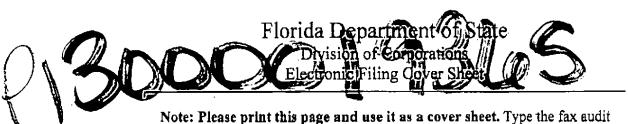
Division of Corporations



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.

(((H20000380642 3)))



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Account Number : I20190000115 Phone : (561) 419-9995

Fax Number : (954)340-9005

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COR AMND/RESTATE/CORRECT OR O/D RESIGN JR'S AUTO FINANCE, INC.

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November 4, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JR'S AUTO FINANCE, INC. 11776 W SAMPLE ROAD, SUITE 105 CORAL SPRINGS, FL 33065

SUBJECT: JR'S AUTO FINANCE, INC.

REF: P13000019365

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is incomplete. Page 2 of 4 of the Amendment is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder FAX Aud. #: #20000380642 Regulatory Specialist III Letter Number: 520A00022036 Articles of Amendment to Articles of Incorporation H200003806423

JR'S AUTO FINANCE, INC.		
(Name of Corporati	on as currently filed with the Florida	Dept. of State)
P13000019365		
(Docur	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corporat	tion adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
NSB HARBOR, INC.		The new
name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	" or "Co". A professional corporat	ated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		20
		20 ∧
C. Enter new mailing address, if applicable:		, · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<u> </u>	42 🏲 /
		80
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ie name of the
Name of New Registered Agent		
	(Florida street address)	.
	(1 styling in per onto 812)	
New Registered Office Address:	(City)	, Florida(ZIp Code)
	(Gib)	july coney
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		gations of the position.
Clon	sture of New Registered Agent, if chang	alna
Signi	на в ој нем кехилегеа Аделі, іј спапу	Ruig

Check if applicable

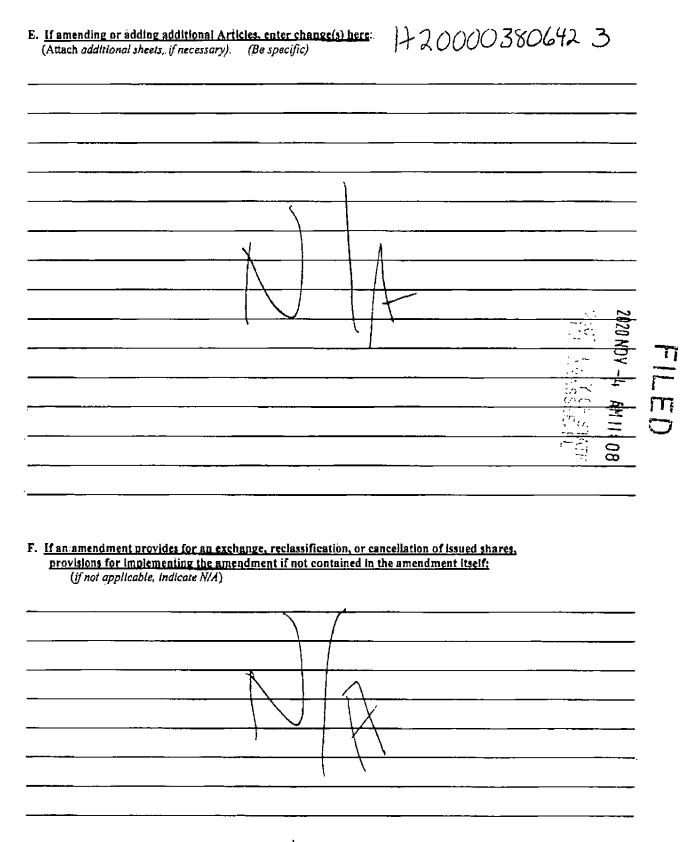
 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

H200003806423

HZO1003806423
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

Title	<u>Name</u>		Address	Type of Action
		, (□Remove
				☐ Change
			\	DAdd
		$ \vee \chi$		□ Ren igg e
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				□Remove
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				DAdd
			···	□ Remove
				Change



H200003806423

The Klein Group CPA 9543409005 H 20000 580642 3

The date of each amendment(s) ad	option:		if other than the
date this document was signed.			
Effective date if applicable:	<u> </u>		
	(no more than 90 day	ys after amendment file date).	
Note: If the date inserted in this bl document's effective date on the De		statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	₩ .**5	• •
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board	d of directors without sharehol	der action and shareholder
Id The amendment(s) was/were ado by the shareholders was/were su		nber of votes cast for the amer	idment(s)
The amendment(s) was/were approvided for	roved by the shareholders through each voting group entitled to vote		
	for the amendment(s) was/were su	fficient for approval	7020 NOV -4
by	(voting group)	,	Q 11
•			To the second se
Dated /1/3	./2n		
	2000		MIII OR
Signature(By a/dia	ector, president or other officer -	if directors or officers have no	
selected	, by an incorporator—if in the hared fiduciary by that fiduciary)		
	JOHN ROOT		
-	(Typed or printed name	of person signing)	
	PRESIDENT		
•	(Title of person signing	<u> </u>	

H20000 3806423