# P13000020460

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(Ad	dress)	<u>.</u>
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# **COVER LETTER**

TO: Amendment Section Division of Corporation					
NAME OF CORPORATION: UNG AUTO COYP					
DOCUMENT NUMB	ER: P130	00020460			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	DA	Name of Contact Person	<u> </u>		
		ING Auto	COYP		
Firm/ Company					
	55 W C	nurch St ur	1H 2002		
	Orlar	City/ State and Zip Code	32801		
	E-mail address: (to be us	DAVID D Hosel for future amount report	tmail.com		
For further information	concerning this matter, pleas	se call:			
_ DAVE S	Ponvey	at (13	) 537 2984 de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 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)		
34 11		<b>G</b>			

# Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## Articles of Amendment to Articles of Incorporation of

UNG AUTO CO	YP					
(Name of Corporation as currently file	d with the Flori	ida Dept. of Sta	te)			
	1460	_				
(Document Number of C	orporation (if kr	own)				
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corp	oration adopts the	following	amendi	ment(s) to
A. If amending name, enter the new name of the cor	poration:					
		<u>.</u>			The n	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the at	"Inc," or "Co	". A profession	· "incorporated" al corporation nai	or the abi	breviati ontain t	ion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	RESS )					
	-			Times :		
	•			- (·)	芯	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9 .			N T T		A STATE OF
				S S S S S S S S S S S S S S S S S S S	ζ	Secret.
	-			T @	2	Ti
				135 150 150 150 150 150 150 150 150 150 15	2: 5	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		<u>in Florida, ent</u>	er the name of the	SIATE	50	
Name of New Registered Agent				; ***		
	(Florida street	address)	· ·			
New Registered Office Address:			_, Florida	<del></del>		
	(City)		(Zip	Code)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent.	stered Agent:	h and againt the	obligations of the	nocition		
i nereoy accepi ine appoiniment as registerea agent. I	am jaminar will	а ана ассері те	oonganons oj ine j	องรถเบท.		
Signature of New	u Ragistared Age	ent if changing	<del></del>			

# 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Steven MARCANGE	LO 150 Exobinson St unit 1005
X Add			orlando FL 32801
Remove			
2) Change	<u></u> .,,		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 62013
Effective date if applicable: (0 30 13 (no more than 90 days after amendment file date)
(no more than 91) 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.
Dated
Signature  (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)
TAVE Specified (Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)