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C. LEWIS AUG 1 5 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: V.I.P. AU	TO GLASS C	ORP		
DOCUMENT NUM	BER: P130000264	435			
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	tter to the following:			
	-	_			
	YARIMAR CONTRERAS				
	V.I.P. AUTO G	Name of Contact Person	1		
	V.I.P. AUTO G	Firm/ Company			
	8909 WATERV	• •			
		Address	****		
	TAMPA, FLOR	NDA 33635			
		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
YARIMAR	CONTRERAS	_{at (} 813	_ _, 770-9705		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or 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)		
Mailing Address Street Address					
	nendment Section Vision of Corporations		lment Section on Officer of Corporations		
). Box 6327				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

FILED
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V.I.P. AUTO GLASS CORP

(Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA P13000026435

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation VIP AUTO GLASS INC	
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," - word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8909 WATERWAY DRIVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA, FL 33635
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent (Florial New Registered Office Address:	a street address)
Name of New Registered Agent (Florid	ress:

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	ZANDOR TAVARES	16149 GARDENDALE DRIVE
Add			TAMPA, FL 33624
X Remove			
2) Change	VP	MARIE C TAVAREZ	16149 GARDENDALE DRIVE
Add			TAMPA, FL 33624
X Remove			
3) Change	<u>P</u>	YARIMAR CONTRERAS	8909 WATERWAY DRIVE
X_{Add}			TAMPA, FL 33635
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	tach <i>additional</i>	sheets, if necessary).	(Be specific)			
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(ij noi applicable, indicale N/A)	rovisions for it	mplementing the ame	endment if not co	ontained in the	amendment itsel	<u>f:</u>
	(ij noi appii	cable, indicate N/A)				
		 				

The date of each amendment	08/08/2013	FIL	, if other than the
date this document was signed Effective date if applicable:	00/00/00/0	13 AUC 10	
Enterité duce <u>il applicable</u> .	(no more than 90 days a	fter amendr ant fills Botte)RY DE	STATE
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		AUM
■ The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number ere sufficient for approval.	of votes cast for the amendment	t(s)
	re approved by the shareholders through voted for each voting group entitled to vote separate		nent
"The number of votes	s cast for the amendment(s) was/were suffici	ent for approval	
by	(voting group)	**	
	(voting group)		
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without	shareholder action and shareholder	der
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shar	eholder action and shareholder	
Dated	8-8-2013		
Signature	Mal		
(E	By a director, president or other officer – if delected by an incorporator – if in the hands oppointed fiduciary by that fiduciary)		
	Varimar	Contreras ame of person signing)	
	(Typed or printed n	ame of person signing)	<u></u>
	Presider.	<i>i</i> +.	
	(Title of per	rson signing)	