## P13000047002

(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ · Certificates	s of Status		
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SECRETARY OF STATE
TALLAND TOTAL TORIDA

13 SEP 18 AM II: 10

SEP 1 9 2013 T. CARTER



September 17, 2013

DAVID GRIFFIN UNIVERSITY AUTO SALES, INC. 1138 EAST FLETCHER AVENUE TAMPA, FL 33612 US

SUBJECT: UNIVERSITY AUTO SALES, INC.

Ref. Number: P13000047002

We have received your document for UNIVERSITY AUTO SALES, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$ is due.

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.

Letter Number: 213A00021847

Tina D Carter Regulatory Specialist

www.sunbiz.org



## 601 S. Falkenburg Rd., Suite 14-2 Tampa FL 33619 Phone (813)-689-1800 E-mail: ah@d-pathlegalservices.com

## Legal Research at its best!

To:	TINA CARTER		From:	D-Path Legal Services	
Fax:	850-245-6897		Pages:	6	
Phone:	813-409-2084		Date:	09/18/2013	
Re:	UNIVERSITY ATUO S	ALES, INC	cc:		
□ Urgent	x For Review	☐ Please	Comment		 П Please Recycle

Good Afternoon Ms. Carter,

We have provided the correct documents for the Amendment. Please provide a Certificate of Status and a Certified Copy. If you have any questions, please contact us at 813-409-2084. Thank you in advance.

D-Path Legal Services/LLC Halieth D. Thorpe Owner/Manager (813)-689-1800

**D-Path Legal Services** 

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## **COVER LETTER**

FO: Amendment Section Division of Corporations				
NAME OF CORPORATION: UNIVERSITY AUTO SAUES, INC.  DOCUMENT NUMBER: P1300004700 &				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DAVID GRIFFIN Name of Contact Person				
UNIVERSITY AUTO SALES, INC				
Firm/Company  1138 EAST FLETCHER AVENUE  Address				
TAMPA FL 33417  City/ State and Zip Code				
UNIVEYSITYOU TO SOLES OF TOM POLO MOIL COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
David Griffin = (813) 409-2081	}			
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Amendment Section				

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment

Articles of Incorporation of 13 SEP 18 AH II: 10 Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 = 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	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DY	ROBERT SMITH	1138 EAST FLETCHER AVE TAMPA FL 33617
AddRemove			<u> </u>
2) Change			
Add			
Remove		·	
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change	<del></del> -		
Add			
D			

E. <u>If amendi</u>	ng or adding additional A	rticles, enter change	s) here:		
(Attach add	ditional sheets, if necessary	). (Be specific)			
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. II an ame	ndment provides for an e ns for implementing the a	xchange, reclassificat	ion, or cancellation of	of issued shares.	
(if n	ot applicable, indicate N/A)	nenament ii not com	amed in the smendi	ient kzeit!	
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 09/18/2019	
(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
☐ 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 09/18/2013	
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)	
DAVID GRIFFIN (Typed or printed name of person signing)	_
$\mathcal{P}_{\mathcal{D}}$	
(Title of person signing)	