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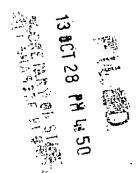
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Appenda 11-1-13 DC

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

HYDER AUTO BROKERS INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JEFFERY P HYDER
Name of Contact Person Firm/ Company 492 ROBINWOOD DRIVE DELAND FL 32720
City/ State and Zip Code For further information concerning this matter, please call: JEFFERY P HYDER at (386) 738-7410

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: **☑\$43.75** Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	of			
JP HYDER AUTO	BROKE	RS	INC	
(Name of Corporation as currently filed with	· · · · · · · · · · · · · · · · · · ·			•
PI 3 6000 5	4379			
(Document Number of Corpora	tion (if known)			•
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit C</i>	orporation ac	lopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation	on:			
				_The new
name must be distinguishable and contain the word "corp." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A professi			
B. Enter new principal office address, if applicable:			in the state of th	ಪ
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			5-10	門
			me diele	N gines
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C. Enter new mailing address, if applicable:			5.4 gg	
(Mailing address MAY BE A POST OFFICE BOX)			ر الدر ما الدراء ما الدراء	A THE STATE OF THE
				養 う
			έŋ	
				•
D. If amending the registered agent and/or registered offic		enter the nan	ne of the	
new registered agent and/or the new registered office ac	iaress:			
Name of New Registered Agent				
<u></u>				
(Flor	rida street address)			
New Registered Office Address:		, Florida		-
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered	å gent.			
I hereby accept the appointment as registered agent. I am fan		he obligation	s of the position.	
Signature of New Regis	tered Agent, if changin	g		

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	VS CHALENAR HETZNECKER	1492 ROBINWOOD DEINE
Add	HETZNECKER	DELAND, FL 32720
Remove		
2) Change		
Add		
Remove		
3) Change	VS JEFFERY P HYDER	1492 ROBINWOOD DRIVE
-X Add	HYDER	DELAND, FL 32720
Remove		
4) Change		·
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

(Attach additional She	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
	eeis, ij necessary).	(ве ѕресіліс)		
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	rovides for an exch	ange, reclassificatio	on, or cancellation of	<u>issued shares.</u> nt itself:
II an amendment pi	lementing the ame	nament it not conts		
provisions for imp	lementing the ame	nament II not conta		
provisions for imp	lementing the ame ole, indicate N/A)	nament II not conta		
provisions for imp	lementing the ame	ngment it not conta	NAME OF THE OWNER OWNER OF THE OWNER OWNE	
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provisions for imp	lementing the ame	ngment it not conta		

ane date of each amendment(s) at date this document was signed.	option:	, ii other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	-9-13	
Signature	JA VIL	<u></u>
(By a d	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	JEFFERY P. HYDER (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PTDUS	
	(Title of person signing)	