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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Amendment Section Division of Corp						
NAME OF CORPORATION: ALOHA MOTORS, INC						
DOCUMENT NUM	BER: P1400001695	4				
	of Amendment and fee are su					
Please return all corre	spondence concerning this mat	tter to the following:				
	ROBERT W KIDI	D, CPA				
		Name of Contact Person	1			
	SEABREEZE BO	OKKEEPING				
		Firm/ Company				
	682 S YONGE S	TREET				
		Address				
	ORMOND BEAC	H, FL 32174				
City/ State and Zip Code						
seabreeze682@cfl.rr.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ROBERT W	KIDD, CPA	at (386	, 672-6999			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status			
	Connecte of States	(Additional copy is	Certified Copy			
		enclosed)	(Additional Copy			
			is enclosed)			
Ma	iling Address	Street	Address			
Amendment Section		Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment Articles of Incorporation

ΔΙ	OF	IΑ	MO.	TOR	SI	NC
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(Name of Corporation as currently filed with the Florida Dept. of State)

P14000016954

(Document Number of Corporation (if known)

14 MILES PAY 6.33 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, en	ter the r	iew name	of the c	orporation:

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)

330 ANDALUSIA AVE #7 ORMOND BEACH, FL

32174

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

330 ANDALUSIA AVE #7

ORMOND BEACH, FL

32174

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

LISA L DUNCAN

3551 RED BARN LANE

(Florida street address)

New Registered Office Address:

ORMOND BEACH

(City)

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 <math>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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P,S	LISA L DUNCAN	3551 RED BARN LANE
Add			ORMOND BEACH, FL
Remove			32174
2) Change			
Add			
Remove			
$\overline{\Box}$			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			-
Remove			

Attach <i>additional sheets, ij</i>	f necessary). (Be	? specific)			

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					-
f an amendment provide	es for an eychana	e reclassificatio	n or cancellatio	n of issued sha	res.
provisions for implemen	iting the amendm	ent if not conta	ined in the amer	dment itself:	
(if not applicable, inc	dicate N/A)				
					
			101		

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Enecure date it 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 suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient 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 f	for the amendment(s) was/were sufficient for approval	
by	" (voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	_
	ed fiduciary by that fiduciary)	
_	LISA L DUNCAN	_
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	