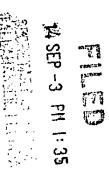
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SEP 1 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AUTOLANI DOCUMENT NUMBER: P1400001851	D SUPERSTOR 6	E, INC
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this man	tter to the following:	
MOSHANA S. LE	WIS	
	Name of Contact Persor	1
	Firm/ Company	
0450 OTH AVE N	Address	740
2450 6TH AVE N	City/ State and Zip Code	
STIDEDIOD2500@C	,	•
SUPERIOR2500@G E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
MOSHANA S. LEWIS	at (727	, 526-8500
Name of 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 & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Amend	Address Iment Section on of Corporations

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

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

Articles of Amendment

Articles of Incorporation

AUTOLAND SUPERSTORE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000018516

(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 na	me of the corporation:	The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ain the word "corporation," "company," or "incation "Corp," "Inc," or "Co". A professional contion," or the abbreviation "P.A."	corporated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A ST		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, enter the	name of the
Name of New Registered Agent	Ashley N. Moody	
	3700 56th Ave N St.petersburg fl 337	<u></u>
	(Florida street address)	
New Registered Office Address:	(Florida street address) 3700 56th Ave N St.petersburg (City)	orida <u>33714</u>
	(City)	(Zip Code)
	hanging Registered Agent: vered agent. I am familiar with and accept the obligation Ally World gnature of New Registered Agent, if changing	ations of the position.

address of each Office (Attach additional she Please note the officer P = President; V = Vid Executive Officer; CF held. President, Treast Changes should be not a change, Mike Jones Mike Jones, V as Remo	er and/or Director ets, if necessary) /director title by the ce President; T= T iO = Chief Financi urer, Director woul ted in the following leaves the corpora	r being added: e first letter of the office title: Freasurer; S= Secretary; D= Director; TR ial Officer. If an officer/director holds mo ld be PTD. g manner. Currently John Doe is listed as tion, Sally Smith is named the V and S. Th	Re Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is tesse should be noted as John Doe, PT as a Change,
Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	ROBERT J. HUTCHINS	6400 US HWY 19 N#2
Add			PINELLAS PARK,FL33781
Remove			
2) Change	PRES	MOSHANA S. LEWIS	3450 6TH AVE N
Add			ST.PETERSBURG
Remove			FL. 33713
3) Change			
Add		****	
Remove			
remove			
4) Change			
Add			14 for internal 14 for interna
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add			

f amending or adding additional Art Attach additional sheets, if necessary).	. (Be specific)
· · · · · · · · ·	
	The state of the s
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each am	nendment(s) adoption: 06/12/2014	, if other than the
date this document w	as signed.	 .
Effective date if app	olicable: 6/12/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amend	lment(s) (<u>CHECK ONE</u>)	
The amendment(s by the shareholds	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.	
	s) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):	
"The number	er of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not req	s) was/were adopted by the board of directors without shareholder action and shareholder quired. s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not req		
Da	ated_6/12/14	
Sig	gnature MT	
	(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)	
	MOSHANA S. LEWIS	
	(Typed or printed name of person signing)	_
	PRES	
	(Title of person signing)	