P140005556

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(Address)	_
(Address)	_
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(Document Number)	_
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Orlando Equipment, Inc. DOCUMENT NUMBER: P14000055586	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jay Scott Name of Contact Person	
Name of Contact Person	
Orlando Equipment, INC.	_
509 S. Chickasaw TRL # 228	
Orlando FL 32825 City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jay Scott 407 719 - 5574 Name of Contact Person Area Code & Daytime Telephone Num	!
/ Name of Contact Person Area Code & Daytime Telephone Num	nber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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Articles of Am	endment
to Articles of Inco	-
Oclando Equiemer	1+ IVI cuct 30 PH 2: 22
(Name of Corporation as currently filed with the Flo	orida Dept. of State
P14000055586	TATTAHASSEE HONDA
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Orlando, FL 32825
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	509 S. Chickasaw Trl. #228 Orlando, FL 32825
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent 509 S. Chickasal	
New Registered Office Address: Orlando (City)	et address) , Florida 32825 (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	•	1 Doe	
-			
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	Jay E Scott	509 S. Chickasaw Trl. #228 Orlando, FL 32825
Add		•	Orlando, FL 32825
Remove		_	
2) Change	VP	Carol K Scott	509 S. Chickasaw Trl,#228 Orlando, FL 32825
Add			Orlando, FL 32825
Remove			
3-). Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:					
(Attach additional sheets, if necessary). (Be speci	nc)				
N/A					
′					
· · · · · · · · · · · · · · · · · · ·					
<u>. </u>					
F. If an amendment provides for an exchange, recla	esification or appeallation of issued shows				
provisions for implementing the amendment if i	iot contained in the amendment itself:				
(if not applicable, indicate N/A)					

The date of each amendment(s) adoption:/// \frac{1}{\frac{1}{2}} \frac{1}{2} \frac\	, if other than th
///Δ	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	-
Signature Ley Scott	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	<u>-</u>
(Title of person signing)	