| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT              | MAIL      |
| (8u                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | Certificates      | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         | <u> </u>          |           |

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR          | RATION: AUTO BAY USA  | INC  |  |
|-------------------------|---|--|--|
| DOCUMENT NUM            | BER: P14000056705   |  |  |
|                         | of Amendment and fee are su                                   | ubmitted for filing.   |  |
| Please return all corre | spondence concerning this ma                                  | itter to the following:  |  |
|                         | BRUNO L GUIMARAES   |  |  |
|                         |   | Name of Contact Person   | n  |
|                         | AUTO BAY USA INC  |  |  |
|                         |   | Firm/ Company  |  |
|                         | 8112 E COLONIAL DR  |  |  |
|                         |   | Address  |  |
|                         | ORLANDO FLORIDA 3281  | 7  |  |
|                         |   | City/ State and Zip Cod  | e  |
|                         |   |  |  |
|                         | F-mail address: (to be w                                      | sed for future annual report                                       | notification)  |
|                         | is man distribute, (to be a                                   | ness to ratare minute report                                       | The transfer of the transfer o |
| For further informatio  | n concerning this matter, pleas                               | se call:   |  |
|                         | r venosining initi namon, prom                                |  |  |
| BRUNO L GUIMAR          | AES   | or (   | 1  |
| Name                    | Name of Contact Person at ()  Area Code & Daytime Telephone I |  | de & Daytime Telephone Number  |
| Cantonad is a absolute  | with a fathannia was annount mada                             | - month of the Charles Domi  |  |
| enclosed is a check to  | r the following amount made                                   | payable to the morida Depa   | arthern of State:  |
| ■ \$35 Filing Fee       | ☐\$43.75 Filing Fee & Certificate of Status                   | ☐\$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   |  | Address  |
|                         | endment Section   |  | ment Section   |
|                         | sion of Corporations Box 6327                                 |  | n of Corporations<br>Building  |
| = :                     | ahassee, FL 32314   |  | xecutive Center Circle   |

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

FILED

of

2018 FEB -5 AM 10: 07

to

| AUTO BAY USA INC  |  |
|---|--|
| (Name of Corporation  | on as currently filed with the Fifth Hope of State)  |
| P14000056705  | MCC. President   |
| (Docuir   | nent Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:                    | a Statutes, this Florida Profit Corporation adopts the following amendment(  |
| A. If amending name, enter the new name of the co   | orporation:  |
|   | The new  |
|   | d "corporation," "company," or "incorporated" or the abbreviation<br>""Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD       |  |
|   |  |
|   |  |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO                  | <u></u>  |
|   |  |
|   |  |
| D. If amending the registered agent and/or register new registered agent and/or the new registered        |  |
| Name of New Registered Agent  |  |
|   |  |
| <del></del>   | (Floridu street address)   |
| New Registered Office Address:  | , Florida  |
| rew registered Office radress.  | (City) (Zip Code)  |
|   |  |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent. | istered Agent:<br>I am familiar with and accept the obligations of the position.   |
|   |  |
|   |  |
| Sign  | ature 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          | <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> | Nam           | <u>ıc</u>     |               | <u>Addres</u> s       |
| 1) Change                  | S            | ALE           | ESSANDRA ROSA | <u> </u>      | 8112 E COLONIAL DR    |
| Add                        |              |               |               | _             | ORLANDO FLORIDA 32817 |
| X Remove                   |              |               |               |               |                       |
| 2) Change                  |              |               |               |               |                       |
| Add                        |              |               |               |               |                       |
| Remove                     |              |               |               |               |                       |
| 3 ) Change                 |              |               |               | . <del></del> |                       |
| Add                        |              |               |               |               |                       |
| Remove                     |              |               |               |               |                       |
| 4) Change                  |              | _             |               |               |                       |
| Add                        |              |               |               |               |                       |
| Remove                     |              |               |               |               | -                     |
| 5) Change                  |              |               |               |               |                       |
| Add                        |              |               |               |               |                       |
| Remove                     |              |               |               |               |                       |
| 6) Change                  |              | <del></del> - |               |               |                       |
| Add                        |              |               |               |               |                       |
| Remove                     |              |               |               |               |                       |

| Attach additional sheets, if necessary). | ticles, enter change(s) here: (Be specific)                |
|--|--|
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| f an amendment provides for an excl      | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame      | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)        |  |
|  |  |
|  |  |
|  |  |
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|  |  |

| The date of each amendment(s) adoption: Flbrukary 05th/2018 if other than the date this document was signed.   |
|--|
| Effective date if applicable: February 05th/2018  (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.         |
| 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 February 05th/2018   |
| 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) |
| BRUNO L GUIMARAES  |
| (Typed or printed name of person signing)  |
| PRESIDEN'T   |
| (Title of person signing)  |