## Phonolass

| (Red                      | uestor's Name)   | <del></del> - |  |  |  |  |
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| (Add                      | lress)           |               |  |  |  |  |
|                           |                  |               |  |  |  |  |
| (Address)                 |                  |               |  |  |  |  |
| (City                     | /State/Zip/Phone | ÷#)           |  |  |  |  |
| PICK-UP                   | ☐ WAIT           | MAIL          |  |  |  |  |
| (Bus                      | iness Entity Nan | ne)           |  |  |  |  |
|                           |                  |               |  |  |  |  |
| (Doc                      | cument Number)   |               |  |  |  |  |
| Certified Copies          | Certificates     | of Status     |  |  |  |  |
| Special Instructions to F | iling Officer:   |               |  |  |  |  |
|                           |                  |               |  |  |  |  |
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R. WHITE

## **COVER LETTER**

| TO: Amendment Section Division of Corporation   |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| NAME OF CORPOR  | NATION: Egas                                | Auto Grou  | p, Inc   |  |  |  |  |
| NAME OF CORPORATION: Eggs Auto Group, Inc  DOCUMENT NUMBER: P14000062530                      |   |  |  |  |  |  |  |
| The enclosed Articles   | of Amendment and fee are su                 | bmitted for filing.  |  |  |  |  |  |
| Please return all corres  | spondence concerning this ma                | tter to the following:   |  |  |  |  |  |
|   | Ernesto L Egas Name of Contact Person       |  |  |  |  |  |  |
|   |   | Name of Contact Person   |  |  |  |  |  |
|   |   | gas Auto 61  | roup, Inc  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   | 4050  | NW 113 TETT  | 3(C  |  |  |  |  |
|   | Coral S                                     | NW 115 Terro<br>Address<br>Prings, FL S<br>Cityl State and Zip Cod | 3065   |  |  |  |  |
|   |   | City State and Zip Cod   | e  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   | ernestoer                                   | a See Proei (.comesed for fifthere annual report                   |  |  |  |  |  |
|   | E-mail address: (to be the                  | sed for futture annual report                                      | notification)  |  |  |  |  |
| For further information   | n concerning this matter, pleas             | se call:   |  |  |  |  |  |
| Ernes to Eggs at (954) 993 1852  Name of Contact Person Area Code & Daytime Telephone Number  |   |  |  |  |  |  |  |
| Name o  | of Contact Person                           | at ( 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 (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |  |
| Mai   | ling Address                                | Street   | Address  |  |  |  |  |
| Amendment Section Amendment Section   |   |  |  |  |  |  |  |
| Division of Corporations  Division of Corporations  |   |  |  |  |  |  |  |
|   | P.O. Box 6327 Clifton Building              |  |  |  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle  |   |  |  |  |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation OCT 23 PH 2: 59 (Name of Corporation as currently filed with the Florida Dept. of State) TATEAHASSEC, FLORIDA 4*000*062*53*0 (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 name of the corporation: 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida 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              | 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>   | <u>Addres</u> s      |
| 1) Change Add Remove           | PVSD Ivan Egas             | Cord Spring FL 33065 |
| 2) Change Add                  |                            |                      |
| Remove  3) Change  Add  Remove |                            |                      |
| 4) Change Add Remove           | <del></del>                |                      |
| 5) Change Add Remove           |                            |                      |
| 6) Change Add Remove           |                            | <del></del>          |

| E. <u>If amending or</u><br>(Attach <i>additiona</i> |      |       |         |                                       | ige(s) h | ere:                                  |                |                |          |  |                      |
|--|------|-------|---------|---------------------------------------|----------|---------------------------------------|----------------|----------------|----------|--|----------------------|
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| he past  | of   | the C | D (De)a | tion.                                 | <u>-</u> |                                       |                | ,              |          |  | U                    |
| Currently be past Mr Ern                             | esto | Egzi  | cont    | אטפ(                                  | to       | be                                    | the            | Presi          | ilert    | (P   | <del>\</del>         |
|  |      |       |         |                                       |          |                                       |                |                |          |  |                      |
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| If an amendmen<br>provisions for                     |      |       |         |                                       |          |                                       |                |                |          |  |                      |
| (if not appl   |      |       |         | ***********                           | Jutuni   | u m m                                 | unterior.      | icut noc       | HT.      |  |                      |
|  |      |       |         | <u></u>                               |          | -                                     |                |                |          |  |                      |
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|  |      |       |         |                                       |          |                                       |                |                |          |  |                      |
|  |      |       |         |                                       |          |                                       |                |                |          |  |                      |

| The date of each amendment(s) adopti                                      | ion:   | , if other than th |
|---|--|--------------------|
| date this document was signed.  |  |                    |
| Effective date <u>if applicable</u> :                                     | (no more than 90 days after amendment file date)   | <del></del>        |
|   | (no more than 90 days after amendment file date)   |                    |
| Adoption of Amendment(s)  | (CHECK ONE)  |                    |
| The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast for the amendment(s) ent for approval.   |                    |
|   | d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):   |                    |
|   | he amendment(s) was/were sufficient for approval   |                    |
| by  | (voting group)   |                    |
|   | (voting group)   |                    |
| The amendment(s) was/were adopted action was not required.                | by the board of directors without shareholder action and shareholder   |                    |
| The amendment(s) was/were adopted action was not required.                | by the incorporators without shareholder action and shareholder  |                    |
| Dated Oct   | 21,2014  |                    |
| Signature   | m f, d   |                    |
| (Blyacdirector) selected, by  | or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) |                    |
|   | Ernesto L Equs (Typed or printed name of person signing)   |                    |
|   |  |                    |
|   | (Title of person signing)  |                    |
|   | (Title of person signing)  |                    |
|   |  |                    |