

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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R. WHITE







October 17, 2016

HILAIRE VOLCY 440 METCALF AVE ORLANDO, FL 32811

SUBJECT: POWER COACHLINE INC.

Ref. Number: P14000065449

We have received your document for POWER COACHLINE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 616A00022295



September 19, 2016

HILAIRE VOLCY 440 METCALF AVE ORLANDO, FL 32811

SUBJECT: POWER COACHLINE INC.

Ref. Number: P14000065449

We have received your document for POWER COACHLINE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 216A00020014



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Power Coachline,	Inc.			
DOCUMENT NUM	P14000065440				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Hilaire Volcy				
		Name of Contact Person	1		
	Power Coachline, Inc.				
		Firm/ Company			
	440 Metcalf Ave				
	Address				
	Orlando, Florida 32811				
		City/ State and Zip Cod	e		
nowe	ertowing@hotmail.com				
		sed for future annual report	notification)		
		·			
For further informatio	n concerning this matter, pleas	se call:			
Hilaire Volcy		at (625-2593		
Name	of Contact Person	at (Area Code & Daytime Telephone Num			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)		
Amo Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of 16 DEC -5 AM II: 52

Over111 A	of	INTERNAL MARKET BY
ower Coachline, Inc	m as currently filed with	the Florida Dept. of State)
(2.1111)		
(Docum-	ent Number of Corporation	(if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Prof	It Corporation adopts the following amendment(s
. If amending name, enter the new name of the cou	rporation:	
		The new
ame must be distinguishable and contain the word Corp" "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the c	" "Inc," or "Co". A pro,	ny," ar "incorporated" or the abbreviation fessional corporation name must contain the
i. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	Ø	
. If amending the registered agent and/or registered new registered agent and/or the new registered of		la, enter the name of the
	onice sauress:	
Name of New Registered Agent		
	(Florida street address)	
New Bosinson J. Office Address.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Florida
New Registered Office Address:	(City)	(Zip Code)
	(City)	(Zip Cade)
lew Registered Agent's Signature, if changing Registered agent I hereby accept the appointment as registered agent I	stered Agent:	on the ablications of the position
		As an assessment with the second

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.

<u>PT</u>	John Doe	
$\underline{\mathbf{v}}$	Mike Jones	
\underline{sv}	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
VP	Samuel M. Martinez	711 S. Clyde Ave
		Kissinmee, FL 34741
		
		<u> </u>
	<u>V</u> SV Tide	V Mike Jones SV Sally Smith Title Name

Page 2 of 4

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<u> </u>		<u></u>			
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	provides for an ex	change, reclassif	ication, or cancellat	ion of issued shares	1
an amendment	abla indicate M/45	nendment ii pat c	ontained in the aint	endment tesen.	
f an amendment provisions for in (if not applied	dole, malcale NA)				
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provisions for in	gote, maicale IVA)				
provisions for in	gote, maicale :WA)				
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	doption:	if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	ino more than 90 days after amendment file dates	
Note: If the date inserted in this hadocument's effective date on the De	block does not meet the appareable statutory filing requirements, this date will epartment of State's records.	not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) efficient for approval.	
	proved 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	for the amendment(s) was overe sufficient for approval	
by	tvoime group	
	tvoling group	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	15/16	
Signature		
(By a d selected	rector, president or other officer I directors or officers have not been d, by an incorporator - (i in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	(Typed or orinted name of person signing)	
	Title of person signing.	