## P14000069969

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	





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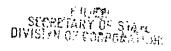
TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: JUST AIR PARTS	INC	
DOCUMENT NUMBE			
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
J	ENNIFER A MOODY		
		Name of Contact Person	
N	MOODY ACCOUNTING SE	RVICES INC	
_		Firm/ Company	
1	60 S UNIVERSITY DR SU	ЛТЕ Е	
_	· · · · · · · · · · · · · · · · · · ·	Address	
P	PLANTATION, FL 33324		
<del>-</del>		City/ State and Zip Code	
		•	
JENNI	FER@MOODYACCOUNT		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
JENNIFER A MOODY	7	at ( <sup>954</sup>	de & Daytime Telephone Number
Name o	f 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 & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



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JUST AIR PARTS INC

(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
P14000069969			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
		The new	
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation oo". A professional corporation name must contain the P.A."	
B. Enter new principal office address,	if applicable:	5224 GATO DEL SOL CIR	
(Principal office address <u>MUST BE A S</u>		WESLEY CHAPEL, FL 33544	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5224 GATO DEL SOL CIR	
		WESLEY CHAPEL, FL 33544	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent MOODY ACCO		SERVICES INC	
<u>1101110 0/11011 1103111101 001130111</u>	160 S UNIVERSITY DR	SUITE E	
	(Florida stre	et address)	
New Registered Office Address:	PLANTATION	, Florida 33324	
	(	City) (Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
		ith and accept the obligations of the position.	
	do acher a Mood	les	
	Signature of New Ri	egistered 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)	Title	Name	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendme	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	SEGRETARY OF STAFF DIVISION OF SOME CHARLES
Effective date if applicable:	
(no more than 90 days after amendment file date)	15 SEP -4 PM 1:43
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendr by the shareholders was/were sufficient for approval.	ment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following st 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"	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	cholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
(Dated 7 8/3//15	
Signature Bruce C. Hariler	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
Bruce C. Hariton	<u>n</u>
(Typed or printed name of person signing)	
$\mathcal{D}_{\mathcal{A}}$	
(Title of person signing)	