## P150000 32689

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Ñar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAY 04 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: FLORIDA Car Company  DOCUMENT NUMBER: P15000032689
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Swallow  Name of Contact Person  Florida Car Company  Firm/ Company  2508 Tahor Drive  Address  Lakeland FL 33805  City/ State and Zip Code  FSwallow 3 e yahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (863) 303-7/33  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## **Articles of Incorporation**

of

FLorida Ca	/ Company		_
(Name of Corporation as currently	filed with the Florida Deut. of Stat	<u>(e)</u>	,
P1500003268	9		
	of Corporation (if known)		•
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:		oration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	corporation:		
	I 44 (* 22 44 22	41 , 29 , 3	_The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor			
word "chartered," "professional association," or th			S
B. Enter new principal office address, if applicab	·la·	بر. ريد	APR -
(Principal office address MUST BE A STREET AL			N P
	<del></del>	J.	
6 F	· · · · · · · · · · · · · · · · · · ·		PH I: 31
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	( <b>OX</b> )		38
	<del></del>		
			•
D. If amending the registered agent and/or regist new registered agent and/or the new registere		r the name of the	
Name of New Registered Agent	····	<del></del>	
	(Florida street address)		
New Registered Office Address:		. Florida	
CENTAL SINGLE CONTROL MANIESS.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the a	obligations of the position.	
Signature of 1	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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Robert Swallow	2508 Tahoe D
Add Remove			Lake Land PC
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change	<del> </del>		<del></del>
Add			<u> </u>
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).	icles, enter change(s) (Be specific)		
			<del> </del>	
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•				
	· · · · · · · · · · · · · · · · · · ·			
		<u> </u>	<del> </del>	
				<del></del>
	provides for an excl	hange, reclassification	or cancellation of is	sued shares. titself:
provisions for imp	plementing the ame ble, indicate N/A)	endment if not contain		
provisions for imp	olementing the ame ble, indicate N/A)	endment if not contain		
provisions for imp	olementing the ame ble, indicate N/A)	endment if not contain		
provisions for imp	ble, indicate N/A)	endment if not contain		
provisions for imp	ble, indicate N/A)	endment if not contain		
provisions for imp	ble, indicate N/A)	endment if not contain		

The date of each amendment(s) adoption:	, if other than the
<u> </u>	
Effective date <u>if applicable</u> :  (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 ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	nareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated 4/25/15	
Dated 1/25/15 Signature Janes Soullan	
(By a director, president or other officer – if directors or officers have r selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
Connor Swallow (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	