## P1500040454

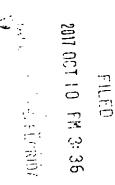
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OCT 1 0 2017

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: AUTO GROUP FINANCE INC DOCUMENT NUMBER: P15000040454 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JEREMY D. WORKMAN Name of Contact Person AUTO GROUP FINANCE INC Firm/ Company 91 AIRPORT BLVD Address PENSACOLA FL 32503 City/ State and Zip Code agt32526@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JEREMY D. WORKMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Coby (Additional Copy enclosed) is enclosed) Mailing 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 to Articles of Incorporation of

FILED

AUTO GROUP FINANCE INC

2017 OCT 10 PH 3: 36

AUTO GROUP PINANCE INC		2911 UN	110 1110.0
(Name of Corporation as current	ly filed with the Florida De	ept. of State)	
P15000040454		·	
(Document Number of	of Corporation (if known)	73	
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:			
			TI
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpe		
B. Enter new principal office address, if applicable:	91 AIRPORT BLVD		
(Principal office address MUST BE A STREET ADDRESS)	PENSACOLA FL 3250	3	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	91 AIRPORT BLVD		
···	PENSACOLA FL 3250.	3	
			<del></del> -
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		ame of the	
Name of New Registered Agent			_
			_
(Florida st	reet address)		
New Registered Office Address:		Florida	<del></del>
	(City)	(Еір	Code)
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent. I am familiar	<u>u.</u> with and accept the obligati	ons of the position.	
Signature of New	Registered Agent if changing		-

address of each Office (Attach additional shee Please note the officer, P = President; V = Vic Executive Officer; CF, held, President, Treast Changes should be not a change, Mike Jones Mike Jones, V as Remo	er and/or I ets, if neces /director tit ce Presiden O = Chief arer, Direct ted in the fi leaves the c	Director being added: sary) le by the first letter of the office title; at; T= Treasurer; S= Secretary; D= Director Financial Officer. If an officer/director holo tor would be PTD. ollowing manner. Currently John Doe is liste	tofficer/director being removed and title, name, and  The Trustee: C = Chairman or Clerk: CEO = Chief  Is more than one title, list the first letter of each office  It as the PST and Mike Jones is listed as the V. There is  These should be noted as John Doe, PT as a Change,
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>	Name	Address
1) Change	vs	BETH L. WORKMAN	7261 MOBILE HWY
X Add			PENSACOLA FL 32526
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change		_	
Add			

\_\_\_\_ Remove

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)	
	-
f an amendment provides for an exchange, reclassification, or cancellation o	Signal above
provisions for implementing the amendment if not contained in the amendm	nent itself:
(if not applicable, indicate N/A)	
<del></del>	
	-

10/6/2017	
The date of each amendment(s) adoption:	if other than the
10/6/2017	
Effective date if applicable:  (no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this 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 by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The finust be separately provided for each voting group entitled to vote separately on the am	
"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 actio action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	d sh <b>a</b> reholder
10/6/2017 Dated	
Signature A	
By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
JEREMY D. WORKMAN	
(Typed or printed name of person signing)	<del>-</del>
PRESIDENT	
(Title of person signing)	<del></del>