## P15000055718

(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

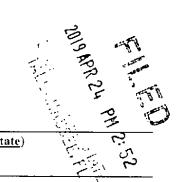
TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	TOWING & TRANSPOR	.I INC.
DOCUMENT NUM	P15000055718		
The enclosed Article	es of Amendment and fee are se	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	DOLVER LAWES		
	<del></del>	Name of Contact Person	n
	Dolver lawes		
		Firm/ Company	***
	ADVANCE CITY TOWING	& TRANSPORT INC.	
		Address	
	4540 old tampa hwy kissimn	nee fl 34746	
		City/ State and Zip Cod	e
dol	verlawes10@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Dolver lawes		at (	791-1409
Name	e of 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	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations Clifton Building

## Articles of Amendment Articles of Incorporation of



## (Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

A. If amending name, enter the new name of the corpo	
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	Σ) 450 E dayton Cir
	Fort lauderdale 33312
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	450 E daynton Cir
	Fort lauderdale fl 33312
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
<u> </u>	of New Presistance Agent if alcomains

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>X</u> Change	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>niţh</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_	<u></u>	
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change	· · · · · · · · · · · · · · · · · · ·	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		-
Remove				-

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
4/15/ 2019 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	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 the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following a 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'''	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholderion was not required.	der
Dated  Signature	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
Dolver Lawes	
(Typed or printed name of person signing)	
Dolver lawes 14-	
(Title of person signing)	

2019 APR 24 PM 2: 52



Department of State / Division of Corporations / Manage/Change with E-Filling /

Weld	ome/Login	Report & Update Information	on Final Review	Payment	
siness Name	т	уре	Document Number	F	iling Fee
OVANCE CITY TOV ANSPORT INC.	WING & F	lorida Profit Corporation	P15000055718	_	3150.00
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Registered Agent 7 Edit Agent / Signature LAWES, DOLVER, O, SR Registered Agent Information Registered Agent Address Edit Address 4540 Old Tampa Hwy Kissimmee, FL 34746 US Officer/Director Detail Title DIR 7 Edit or Delete Officer LAWES , DOLVER O , SR 4540 Old Tampa Hwy Orlando, FL 34746 US Title VP 7 Edit or Delete Officer LAWES, AVIS D 4540 Old Tampa Hwy Kissimmee, FL 34746 US [7] Add New Officer/Director? Important Notice: You may now list all principals (i.e., officers, directors, managers, authorized representatives, etc.) on your online annual report. Our office no longer accepts attachments. If no additional officers/directors are needed, move on to Step 2. (2) of 6 - Order a Certificate of Status? -Do you want a Certificate of Status? ① O Yes ® No A Certificate costs \$8.75. The Certificate cost will be added to the Filing Fee. Move on to the Final Review Cancel - Return to Filing Screen