

P15000091064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

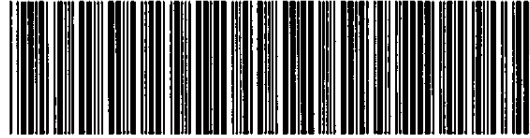
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 15 PM 12:00

FEB 15 2016

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JAN 08 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2016

SWYTHE A. COLE  
HALL PERSONAL ROADSIDE ASSISTANCE INC  
7655 PLANTATION BLVD.  
MIRAMAR, FL 33023

SUBJECT: HALL PERSONAL ROADSIDE ASSISTANCE INC  
Ref. Number: P15000091064

FILED STATE  
SECRETARY OF CORPORATIONS  
16 FEB 15 PM 12:30

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

Balance Due is \$5.00.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 116A00000474

RECEIVED  
16 FEB 12 PM 1:14

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 15 1:12 PM

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HALL PERSONAL ROADSIDE ASSISTANCE INC.  
DOCUMENT NUMBER: P15000091064

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DWYTHE A. COLE

Name of Contact Person

HALL PERSONAL ROADSIDE ASSISTANCE INC

Firm/ Company

7655 PLANTATION BLVD

Address

MIRAMAR, FL, 33023

City/ State and Zip Code

HALLPRA83@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DWYTHE A. COLE

Name of Contact Person

at ( 786 ) 384 4991

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 15 PM 12:33

HAUL PERSONAL ROADSIDE ASSISTANCE INC

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

P15000091064

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

HAUL PERSONAL ROADSIDE ASSISTANCE INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

SAME

(Florida street address)

New Registered Office Address:

SAME

, Florida

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

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.

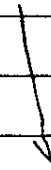
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u>X</u> Add Remove	<u>D</u>	<u>Carlton Brown</u>	<u>7480 Simms Street</u> <u>HOLLYWOOD FL. 33024</u>
2) <u>X</u> Change Add Remove	<u>V</u>	<u>Dexter M Tracy</u>	<u>5282 NW 86 Ln</u> <u>Miami Gardens,</u> <u>FL, 33055</u>
3) <u>Change</u> <u>X</u> Add Remove	<u>V</u>	<u>Dexter M Tracey</u>	<u>5282 NW 186 Lane</u> <u>Miami Gardens, FL 330055</u>
4) <u>X</u> Change Add Remove	<u>CFO</u>	<u>Marvin Barrington</u>	<u>same</u> 
5) <u>Change</u> <u>X</u> Add Remove	<u>cfo</u>	<u>Marvin B Walcott</u>	<u>720 SW 68 Blvd</u> <u>Pembroke Pines, FL, 33023</u>
6) <u>X</u> Change Add Remove	<u>ceo</u>	<u>Carmarley Wellington</u>	<u>5851 SW 33 Street</u> <u>Hollywood, FL 33023</u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Add Carmarley Wellington CEO 5351 SW 33 Street Hollywood, FL 33023

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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 shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12-19-15

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dexter M. Tracey.

(Typed or printed name of person signing)

Vice President.

(Title of person signing)