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Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN ACE AUTO RECOVERY OF GAINESOCALA, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations ACE AUTO RECOVERY OF GAINESOCALA, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eliot J. Safer Name of Contact Person Duss Kenney Safer Hampton & Ioos, P.A. Firm/Company 4348 Southpoint Boulevard, Suits 101 Jacksonville, FL 32216 City/ State and Zip Code safer@jaxfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eliot J. Safer Area Code & Daytime Telephone Number 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 & 👵 US52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section. Amendment Section Division of Corporations Division of Corporations

Chifton Building

2661 Executive Center Circle Tallahassec, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

(H16000187936'3)

Articles of Amendment to Articles of Incorporation of

	OCALA, INC.		
(Name	of Corporation as curr	ently filed with the Florida Dept. of State)	5
16000011955			
	(Document Numbe	er of Corporation (if known)	
ursuant to the provisions of section 60's Articles of Incorporation.	7.1006, Florida Statutes, t	his Florida Profit Corporation adopts the following	g amendment(s) t
. If amending name, enter the new r	name of the corporation:		
I/A			The new
ame must be distinguishable and co Corp.," "Inc.," or Co.," or the desig ord "chartered," "professional associ	mation "Corp," "Inc," o	ntion," "company," or "incorporated" or the al or "Co". A professional carporation name must c on "P.A."	obreviation contain the
. Enter new principal office address	. If applicable:	N/A	
Principal office address <u>MUST BE A</u> .	STREET ADDRESS)		
			•
Enter new mailing address, if app (Mailing address MAY BE A POST		N/A	
•			
			
. If amending the registered agent a new registered agent and/or the m		iddress in Florida, enter the name of the	
Name of New Registered Agent	N/A		
Mame of Man Rexistered Agent			ı
·	· Marid	a street address)	
		a street dadress)	
New Registered Office Address	. N/A	, Florida	
		(City) (Zip C	iode)
•	•		
to more than 1 and 50 and 40			
ew Registered Agent's Signature, if	canaging Registered Ag stered agent. Lam famili	ent: ar with and accept the obligations of the position.	
to our member me appointment de regi	ann an aid min. i trist latinese	m also accorde um antiGarratio al tita kapanatio	•
•		1	
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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.

X Change	PT Joh	hn Doe	•
X Remove	<u>v</u> <u>Mi</u>	ike Jones	•
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address .
1)Change	D	Clarence D. Garvin	7709 New Kings Road
Add			Jacksonville, Florida 32219
X Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	D	Courtney Wilson	7709 New Kings Road
X Add			Jacksonville, Florida 32219
Remove			
3) Change			
Add	. ———	· · · · · · · · · · · · · · · · · · ·	
Remove			
4) Change			
Add		,	
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add	·		
Remove			

(Anach ad	ding or adding additional Aidditional Aidditional sheets, if necessary)	(Be specific)	44. m. 44. 4.		
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provisio	endment provides for an exc ons for implementing the am not applicable, indicate N/A)	change, reclassificati tendment if not cont	ion, or cancellation or cancel	of issued shares, dent itself:	

The date of each amendment(s) ac	doption:, if other than t
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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
August 8, 2 Dated	016
Dateu	7.
Signature	lus
. (By a di	rector, president or other officer - if directors or officers have not been
selected	l, by an incorporator - if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	Eliot J. Safer
•	(Typed or printed name of person signing)
	Registered Agent
-	(Title of person signing)