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SECRETARY OF STATE

NC FEB 2 6 2016

N. LYCHIE

Articles of Amendment

to
Articles of Incorporation

FILED

	of	16 FEB 26 PM 10. 15
BAY Brothers Auto Tra ASpur (Name of Corporation as curren	t Inc.	16 FEB 26 PM 10: 15
(Name of Corporation as curren	tly filed with the Florid	la Dept. of State) JUE STATE
P160000 139		SEE FLORIDA
	er of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Carparation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
Day Brothers Callisia	n ad AithoT	Transport The The now
Boy Brother's Collision aume must be distinguishable and contain the word "corporate the word".	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	3712 N.	NeBraska Ave.
Principal office address MUST BE A STREET ADDRESS)	_
	TAMPA I F	L 33603
		·
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	P.O Box 5	555
	Scare dal	e, NY 10583
D. If amending the registered agent and/or registered offi	ce address in Florida, c	ater the name of the
new registered agent and/or the new registered office s	ıddress:	
Name of New Registered Agent:		•
	(Flor	ida sercei uddress)
New Registered Office Address:	•	
		, Florida
· ·	(City)	(Zip Code)
Non Paristand Assets Cimeter Statement Design	4	,
New Registered Agent's Signature, if changing Registered I haraby accept the appointment as registered agent. I am fa		he obligations of the position.
	•	
<u></u> S	ignature of New Register	red Agent, if changing
	•	

	e date of each amendment(s) adoption: 2-26-16 this document was signed.	if other than the
Effe	relive date <u>if applicable</u> : 2 · 26 · 16 (no more than 90 days after amendment file date)	
	e; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	
Ada	option of Amendment(s) (CHECK ONE)	().\$1
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
赵	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 2-26-16	
	Dated 2-26-16 Signature Hadeline Welder	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	ंक ्रें
	Madelaine Valdez (Typed or printed name of person signing)	: ,
	President	
	(Title of person signing)	

MENIE

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COVER LETTER

(TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MADEL: AE VAI DEZ (Name of Contact Person) BAY BASHAELS AUTO TRANSPORT TWE (Firm/ Company) 3712 N. NEBras KA AVE. (Address) Tampa FL 35603 (City/ State and Zip Code) Collis, OAD Bay Brothers Auto Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Madelaine Valdez (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)	NAME OF CORPORATIO	N: BAY Bro	thers Auto	Transport Inc.
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MADELA: NE VAI DET (Name of Contact Person) BAY BROTHERS AUTO TRANSPORT TWE (Firm/ Company) 3712 N. NeBraska Ave. (Address) Tampa FL 35603 (City/ State and Zip Code) Collision a Bay Brothers Auto. Com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Mapelaine Valder (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: (S35 Filling Fee (S43.75 Filling Fee & Certificate of Status (Additional copy is Certificate of Status) (Additional Copy is			PI	60000 13954
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	□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy is

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