P16000014622

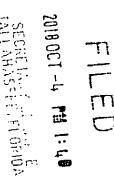
(Re	questor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Amend

OCT 2.2 7018

ALDE STORY

COVER LETTER

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: PRESTIGE AUTO PRINT AND BODY, INC. DOCUMENT NUMBER: P160000 14622
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHEL DURUCHER Name of Contact Person PROSTIGE AUTU PAINT AND BUDY, INC. Firm/ Company 1936 TIGERTAIL BLUD Address DANIA BRACH, FL. 33004 City/ State and Zip Code MIDURUCHER & HOT MAK. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michel Durocher at (954) 274-4787. 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:
\$35 Filing Fee
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

of

PRESTIBLE AUT	U PAINT A	WD BOX	y, inc,	
(Name of	Corporation as currently f	iled with the Floric	<u>la Ďept, of State</u>)
Y 16000	00149622			
	(Document Number of C	orporation (if knows	n)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Flo	orida Profit Corpord	ation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:			
				The new
name must be distinguishable and conta. "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	tion "Corp," "Inc," or "Co	". A professional		r the abbreviation
B. Enter new principal office address, if (Principal office address <u>MUST BE A STI</u>				
		<u> </u>		17 Sept -11
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of				野り口
				3 3 0
			_	
D. If amending the registered agent and/ new registered agent and/or the new i		s in Florida, enter (the name of the	7,7
Name of New Registered Agent	Michel 1936 Tiba (Florida street	DUROCL	icr	
	1936 Tib	ertaic P	LUN 3	
-	(Florida street	address)		
New Registered Office Address:	DANIA B			33004 (Zip Code)
	(C	ity)		(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	red agent. I am familiar wit	-	igations of the po	sition.
	Jen	<u> </u>		
	Signature of New Reg	istered Agent, if cha	nging	

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:	ove, ana san	iy Smiin, Sr us un Auu.	
X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	_P	Ryan Oliver	1936 TIGERTAIL BLUD
Add			DANIA BEACH
X Remove			FC. 33004.
2) Change	P	Michel Durocher	1936 TIBERTAIL BLVE DANIA BEACH
X Add			DANIA BRACK
Remove			FL. 33004
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cies, enter change(s) here: (Be specific)
11/1	
<i>/</i>	
	The state of the s
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NIA	

The date of each amendment(s) adoption: Saptemble 29, 2018, if other than the late this document was signed.
Effective date if applicable: September 18 Mays 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 locument'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 east for the amendment(s) was/were sufficient for approval
by" (voting group)
(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 September 22.2018 Signature
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)
Michel Durocher
MICHEL DUROCHER (Typed or printed name of person signing)
PROSIDENT.
(Title of person signing)