P160000 18878

<u>, </u>
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S. TALLENT APR 1 4 2017

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Corporate Relief C	Corp.	
DOCUMENT NUMBER: P16000018878		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Lia Arlt		
	Name of Contact Persor	l
Corporate Relief Corp.		
	Firm/ Company	
8020 Shrigley Road		
	Address	
Charlevoix MI 49720		
	City/ State and Zip Code	
yasou_00@yahoo.com		/
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Lia Arlt	at (448-3454
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

Corporate Relief Corp.			
(Name o	f Corporation as currently fil	ed with the Florida Dept. of Stat	<u>e</u>)
P16000018878			
	(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
Auto Spa Holdings Corp.			√ The new
name must be distinguishable and cont. "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	ation "Corp," "Inc," or "Co"	'. A professional corporation nat	or the abbreviation
B. Enter new principal office address, i	f annlicable:	NA	. 5 40 5
(Principal office address MUST BE A ST			
	-		
	-	,	- 5 - 5 N
C. Enter new mailing address, if applie	cable:	NA	
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	<i>N</i>	- 1
	-		E W
	-		
D. If amending the registered agent and new registered agent and/or the new		in Florida, enter the name of the	•
Name of New Registered Agent	NA		
Name of New Registered Agent	77.1		<u></u>
	(Florida street a	addrose!	
New Registered Office Address:	// Cit	, Florida	(Zip Code)
	,,	,,	(
New Registered Agent's Signature, if ch	nanging Registered Agent:		
I hereby accept the appointment as registe	ered agent. I am familiar with	and accept the obligations of the p	osition.
	,		
	Signature of New Regis	stered 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 <math>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	John Do	ę	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
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)
NA	(
/VP	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NA	
/V/7	· · · · · · · · · · · · · · · · · · ·

	4/6/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed,		
	6/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	····
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ent
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	≥r .
action was not required.	dopted by the incorporators without shareholder action and shareholder	
4/6/2017	,	
Dated		
	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other countries to 1.5 has been been a first section.	rt
арро	ointed fiduciary by that fiduciary)	
	Lia Arlt	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	