P16000029381

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SECRETARY OF STATE DIVISION OF CORPORATION

AUG 8 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: COMPASS CHAS	SIS FLORIDA, INC.	
DOCUMENT NUMBER:			
The enclosed Articles of Ar	mendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
LOU	JIS STINSON, JR., ESQ		
		Name of Contact Persor	1
LOU	JIS STINSON, JR., PA		
		Firm/ Company	
110	MERRICK WAY, SUIT	E 3A	
		Address	
COR	AL GABLES, FL. 3313	4	
		City/ State and Zip Code	2
LOUIS@S	TINSONLAW.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information con	cerning this matter, pleas	se call:	
LOUIS STINSON, JR., ES	Q.	at (444-8807
Name of Co	ntact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment 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)
Division of P.O. Box	ent Section of Corporations	Amend Divisio Clifton	Address ment Section n of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION.

COMPASS CHASSIS FLORIDA, INC

2016 AUG - 1 PM 1: 07

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000029381		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Finicipal office address MOST BE A STREET ADDRESS)	9801 NW 106TH STREET	
	MEDLEY, FL. 33178	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	9801 NW 106TH STREET	
	MEDLEY, FL. 33178	
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		
Name of New Registered Agent N/A		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		
Signature of New	Registered Agent, if changing	

address of each Office (Attach additional sheet Please note the officer/d P = President; V= Vice Executive Officer; CFC held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	r and/or l ts, if neces lirector ti e Presider o = Chief ver, Direc ed in the fe eaves the	Director being added: ssary) tle by the first letter of the offi at; T= Treasurer; S= Secreta Financial Officer. If an offic tor would be PTD. following manner. Currently J	nd name of each officer/director being removed and title, name, and litle: livy; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chieseer/director holds more than one title, list the first letter of each office. John Doe is listed as the PST and Mike Jones is listed as the V. There is a med the V and S. These should be noted as John Doe, PT as a Change.
Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			

___ Add

__ Remove

(Att	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
N/A	
F. <u>lf a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pr</u>	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	

-	07/28/2016	
The date of each amendment		, if other than the
date this document was signed.		Lever + ILEL.
F166 1		JIVISION OF CORPORATION
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament fite date)	2016 AUG - 1 PM 1: 07
	his block does not meet the applicable statutory filing requirements, this ne Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendme are sufficient for approval.	nt(s)
	e approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,,,	
,	(voting group)	
action was not required. The amendment(s) was/wer	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
07/28/	2016	
Dated		
Signature	Jour Som.	
	y a director, president or other officer – If directors or officers have not be	en
	lected, by an incorporator – if in the hands of a receiver, trustee, or other c	
	pointed fiduciary by that fiduciary)	
	hours Trinson, Le	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	