

AL6000039554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

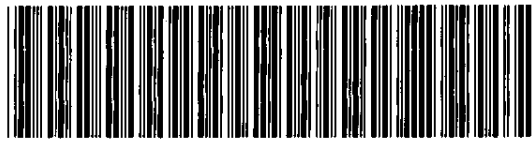
(Business Entity Name)

(Document Number)

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2017 FEB 21 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF THE CLERK  
17 FEB 21 PM 3:56  
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*Handwritten signature and initials*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 518559 7907524  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 43.75

ORDER DATE : February 21, 2017  
ORDER TIME : 3:30 PM  
ORDER NO. : 518559-005  
CUSTOMER NO: 7907524

DOMESTIC AMENDMENT FILING

NAME: FLORIDA C.A.R.S. PROTECTION  
PLUS, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida C.A.R.S. Protection Plus, Inc.

DOCUMENT NUMBER: P16000039554

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason P. McConnell  
Name of Contact Person  
Florida C.A.R.S. Protection Plus, Inc.  
Firm/ Company  
4431 William Penn Highway, Suite I  
Address  
Murrysville, PA 15668  
City/ State and Zip Code

jason.mcconnell@carspp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason P. McConnell at ( 888 ) 335-6838 Ext. 231  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida C.A.R.S. Protection Plus, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000039554

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

N/A

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
*(Florida street address)*

New Registered Office Address: \_\_\_\_\_, Florida

*(City)*

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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SECRETARY OF STATE  
CORPORATION DIVISION

FILED

**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:**

Change                      PT      John Doe

Remove                        V        Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PCEOD</u>	<u>Lance M. LaCoe</u>	<u>4431 William Penn Highway</u> <u>Suite 1</u> <u>Murrysville, PA 15668</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VST</u>	<u>Jason P. McConnell</u>	<u>4431 William Penn Highway</u> <u>Suite 1</u> <u>Murrysville, PA 15668</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VST</u>	<u>Richard J. Tudor, II</u>	<u>4431 William Penn Highway</u> <u>Suite 1</u> <u>Murrysville, PA 15668</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>Brendt L. Seymore</u>	<u>4431 William Penn Highway</u> <u>Suite 1</u> <u>Murrysville, PA 15668</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>David A. Regoli</u>	<u>333 Freeport Street</u> <u>Suite 201</u> <u>New Kensington, PA 15068</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Robert G. Calton, III</u>	<u>1111 Metropolitan Avenue</u> <u>Suite 1025</u> <u>Charlotte, NC 28204</u>

**Amending the Officers and/or Directors**

**Additional Sheet**

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <u>  X  </u> Add	<u>  D  </u>	<u>Christopher K. Cotton</u>	1111 Metropolitan Avenue Suite 1025 Charlotte, NC 28204
8) <u>  X  </u> Add	<u>  D  </u>	<u>James L. Johnson, Jr.</u>	1111 Metropolitan Avenue Suite 1025 Charlotte, NC 28204
9) <u>  X  </u> Add	<u>  D  </u>	<u>Matthew D. Magan</u>	1111 Metropolitan Avenue Suite 1025 Charlotte, NC 28204

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

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February 1, 2017

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: upon filing \_\_\_\_\_  
(no more than 90 days 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 document'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 cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(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 2/21/2017 \_\_\_\_\_

Signature Jason P. McConnell

(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)

Jason P. McConnell  
\_\_\_\_\_  
(Typed or printed name of person signing)

Vice-President, Secretary & Treasurer  
\_\_\_\_\_  
(Title of person signing)