## P16.000056821

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: TAYLOR BATTERY Inc.  DOCUMENT NUMBER: P160000 56821		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person		
Name of Contact Person		
TAYLOR BATTERY Inc. Firm/Company		
Firm/ Company		
2274 55 27th 5T.		
Address		
Address  Cape Court Flouids 33904  City/ State and Zip Code		
City/ State and Zip Code		
Lisa Lee 1030 & AOL. com  E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
/ 0		
LISA PASMUSSEL at 239, 223.9880  Name of Contact Person Area Code & Daytime Telephone Number		
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 \$\ \text{Certificate of Status} \ \end{align*} \  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Mailing Address Street Address		
Amendment Section Amendment Section  Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		



November 8, 2016

LISA RASMUSSEN 2274 SE 27TH ST CAPE CORAL, FL 33904

SUBJECT: TAYLOR BATTERY INC.

Ref. Number: P16000056821

We have received your document for TAYLOR BATTERY INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only "ONE" box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 416A00024014

Carol Mustain Regulatory Specialist II

www.sunbiz.org

## **Articles of Amendment**

to

Articles of Incorporation

A. If amending name, enter the new name of the corporation;  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)  Cope Courl Flouidation  73904	Taylor Bollay	Inc.
(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:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.", A professional corporation name missionality, 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)  C. Enter new mailing address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or the new registered office address:  Name of New Registered Agent  L/SA RASMUSSEU  L/SA STREET ADDRESS IN Florida, enter the name of the new registered agent and/or the new registered address:  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  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.	(Name of Corporation as currently	filed with the Florida Dept. of State)
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:  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 minist contain the word "corporation association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent LISA RAS THE TOWN SELVENT (Florida street address)  New Registered Office Address: Sept. Coval. (City)  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.	P16000056821	
A. If amending name, enter the new name of the corporation:  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 "corporation," "company," or "incorporated" or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address, if applicable:  (Mailing address MUST BEASTREET ADDRESS)  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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  LISA RAS muss SE extends  New Registered Office Address: Capa Coval (City)  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Document Number of C	Corporation (if known)
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Name of New Registered Agent    Agent   Lisa   Ray   Sell	"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable:	o". A professional corporation name must contain the A."
New Registered Office Address:  New Registered Office Address:  Apr Coval  (City)  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.	new registered agent and/or the new registered office address:	
New Registered Office Address:  New Registered Office Address:  (City)  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.	Name of New Registered Agent LISA KASM	ISSEN
New Registered Office Address:  New Registered Office Address:  (City)  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.	22745527	The STWOOT
(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.	(Florida stree	(address)
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.		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		ity) (Zip Code)*
		th and accept the obligations of the position.

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.

X Change	PT John	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)  1) Change	Title	Name LISA RASMUSSEN	Address  2274 SEZMIST.  CAP COVALFL.
Add Remove		Stephen Rasmusson	33904
2) Change Add Remove	<u> </u>	Stephen Cosmusson	2274 SE 27th St Cope Count, FL 33904
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			.*

itavii auainoriai Srie	ng additibnal Art ets, if necessary).	(Be specific)				
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an amendment pro	ovides for an exc	hange, reclassif	fication, or cance	llation of issued s	hares.	
provisions for imple	ementing the ame	endment if not	contained in the	amendment itself	1	
(if not applicabl	e, indicale (N/A)					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 11-3-2016	
Effective date if applicable: //- 3-2016  (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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	
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 11-3-16 Signature Visa A. Casmun.	
(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)	***************************************
President LISA RASMVSSEN  (Typed or printed name of person signing)	
President	
(Title of person signing)	