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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HERCULE	S AUTOMOTIVE INC	:	
DOCUMENT NUMBER: P16000087049	9		
The enclosed Articles of Amendment and fed		! .	
Please return all correspondence concerning	this matter to the follow	ing:	
Sean P Cordner-Jar	mes		
	Name of Con	tact Perso	n
Hercules Automtive	Inc		
	Firm/ Co	mpany	
1955 Carroll Street			
	Addr	ess	
Clearwater FL 337	765		
	City/ State an	d Zip Cod	le
meg@ctstow.com			
E-mail address: (to be used for future ann	ual report	notification)
For further information concerning this matte	er, please call:		
Margaret Rodriguez	7. at (27	
Name of Contact Person	<u> </u>	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Flo	orida Dep	artment of State:
■ \$35 Filing Fee □S43.75 Filing F Certificate of S		ру	☐\$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		Ameno Divisio Cliftor	Address Iment Section on of Corporations of Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HERCULES AUTOMOTIVE INC

THEREOLES AUTOMOTIVE INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P16000087049
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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 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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) 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
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

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Terrence Cordner-James	1955 Carroll Street
Add			Clearwater FL 33765
X Remove			
2) Change	VP	Christina Cordner-James	1955 Carroll Street
x Add		···	Clearwater FL 33765
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

(Attach ad	ing or adding Iditional sheets	s, if necessary)). (Be spec	rific)				
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If an anu	endment provi	idae far an ac	chanas recl	necification	or cancallatic	m of icenad c	harac	
provisio	ns for implem	enting the an	iendment if	not containe	d in the amer	idment itself:		
(if n	ot applicable, d	indicate N/A)						
					·-			
								
			-					
						 -		
		 , .						

	9/5/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
// Effective date <u>if applicable</u> :	1/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
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)
	pproved by the shareholders through voting groups. The following statem or 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)	
action was not required.	dopted by the board of directors without shareholder action and sharehold dopted by the incorporators without shareholder action and shareholder	er
action was not required.		
9/5/2018 Dated Signature		
	director, president or other officer - it directors or officers have not been	
	ted, by an incorporator - if in the hands of a receiver, trustee, or other cou	ırt
арро	inted fiduciary by that fiduciary)	
	Sean P Cordner-James	
	(Typed or printed name of person signing)	
	President/100% Shareholder	
	(Title of person signing)	