

P16000090596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

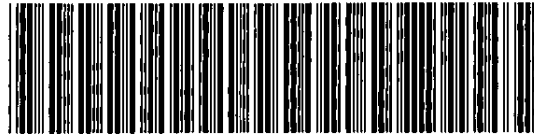
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
17 MAY -4 AM 9:39

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY -4 AM 9:45

MAY 09 2017

D CUSHING

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserve.com  
e-mail: info@incserve.com

**incserve**

**ORDER FORM**

**TO:** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Stops  
mstops@incserve.com  
850.656.7953

**REQUEST DATE:** 5/4/2017

**PRIORITY:** Routine

**OUR REF # (Order ID#):** 574087

**ORDER ENTITY:**  
DAVID FAMILY AUTO, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**DAVID FAMILY AUTO, INC. (FL)**

File the attached correction document

**NOTES:**

\$35.00 Authorized

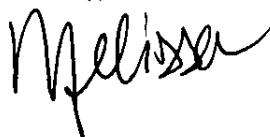
**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: FCA000000031

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY -4 AM 9:45

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Division of Corporations, Clifton  
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2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE:** 5/8/2017

**PRIORITY:** Routine

**OUR REF. #/(Order ID#):** 574087

**ORDER ENTITY:**  
DAVID FAMILY AUTO, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

DAVID FAMILY AUTO, INC. (FL)

File the attached amendment

**NOTES:**

\$35.00 Authorized

*please honor original date as file date, thanks!*

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: FCA000000031

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

*Melissa*

RECEIVED  
2017 MAY - 8 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2017

MELISSA  
INCORPORATING SERVICES, LTD.

SUBJECT: DAVID FAMILY AUTO, INC.  
Ref. Number: P16000090596

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

There is no statutory provision to file articles of correction to correct an annual report. You can either file articles of amendment or you can file an amended annual report. The amended annual report can be filed online with a credit card or you can complete the attached articles of amendment and send them back in to be processed.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 017A00008935

Articles of Amendment  
to  
Articles of Incorporation  
of

DAVID FAMILY AUTO, INC.

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

P1600090596

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY -4 AM 9:45

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 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 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

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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*

**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><br>(Check One)    | <u>Title</u> | <u>Name</u>        | <u>Address</u>                   |
|---|--------------|--------------------|----------------------------------|
| 1) <input type="checkbox"/> Change      | <u>V</u>     | <u>Peter David</u> | <u>6918 US Highway 19</u>        |
| <input checked="" type="checkbox"/> Add |              |                    | <u>New Port Richey, FL 34652</u> |
| <input type="checkbox"/> Remove         |              |                    |                                  |
| 2) <input type="checkbox"/> Change      |              |                    |                                  |
| <input type="checkbox"/> Add            |              |                    |                                  |
| <input type="checkbox"/> Remove         |              |                    |                                  |
| 3) <input type="checkbox"/> Change      |              |                    |                                  |
| <input type="checkbox"/> Add            |              |                    |                                  |
| <input type="checkbox"/> Remove         |              |                    |                                  |
| 4) <input type="checkbox"/> Change      |              |                    |                                  |
| <input type="checkbox"/> Add            |              |                    |                                  |
| <input type="checkbox"/> Remove         |              |                    |                                  |
| 5) <input type="checkbox"/> Change      |              |                    |                                  |
| <input type="checkbox"/> Add            |              |                    |                                  |
| <input type="checkbox"/> Remove         |              |                    |                                  |
| 6) <input type="checkbox"/> Change      |              |                    |                                  |
| <input type="checkbox"/> Add            |              |                    |                                  |
| <input type="checkbox"/> Remove         |              |                    |                                  |

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

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

[illegible]

**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

[illegible]

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

Effective date if applicable: \_\_\_\_\_  
(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.

May 8, 2017  
Dated \_\_\_\_\_

Signature Michael R. David  
(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)

Michael R. David

\_\_\_\_\_  
(Typed or printed name of person signing)

Director

\_\_\_\_\_  
(Title of person signing)