(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  James Rainey goul  authorization to add  date of adoption to application  on 3/5/17  date.

Office Use Only



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### FILING CANCELLED RETURNED CHECK

MAY 0 5 2017

D CUSHING

# FILING CANCELLED RETURNED CHECK

COVER BETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CAST CATS Out to Jine.
DOCUMENT NUMBER: \$\rightarrow{1600093379}
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Rainey
Name of Contact Person
Cash Cars Outlet
Firm/ Company
4145 Orange Blossom Trail
City/State and Zin Code
City State and 24 Code
Cashcarsothte 6mil.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T 00 Paris 917 846-9011
James Mills at (11)
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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations  Division of Corporations  Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



### FILING CANCELLED RETURNED CHECK

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2017

917-846-901/

JAMES RAINEY 5322 SEATON HALL LANE ORLANDO, FL 32821

SUBJECT: CASH CARS OUTLET INC

Ref. Number: P16000093379

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

Our office does not process Partnership Amendment Agreements. If you wish to amend the articles of incorporation you will need to complete the attached form and pay a filing fee of \$35.00.

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: 917A00006135

MECENED WAR 13 PH 2: 52



April 17, 2017

JAMES RAINEY 5322 SEATON HALL LANE ORLANDO, FL 32821

SUBJECT: CASH CARS OUTLET INC

Ref. Number: P16000093379

FILING CANCELLED RETURNED CHECK

We have received your document for CASH CARS OUTLET INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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: 317A00007394

#### Articles of Amendment to Articles of Incorporation

## FILING CANCELLED RETURNED CHECK

(Name of Corporation as currently	filed with the Florida Dept. of State)
Cash Cars Outlet Inc	(P160000 93379)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida 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 "corporation,	The new ""company" or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7 See 17
(Principal office address MUST BE A STREET ADDRESS)	3 92
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	address)
New Registered Office Address:	, Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
	•
Signature of New Reg	gistered 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.

X Change	PT John Doe		FILING CANCELLED RETURNED CHECK	
X Remove	<u>V</u> <u>Mike Jones</u>			
_X Add	SV Sally Smith	RETU		
Type of Action (Check One)	<u>Title</u> <u>Nan</u>		<u>Addres</u> s	
1) Change	V Dos	glas McClure	529 Frian Dr	
Add			Winter Park	
Remove			Florida 3279.	
2) Change				
Add				
Remove				
3)Change		<del></del>		
Add	,			
Remove		•		
4) Change				
Add				
Remove				
5)Change				
Add			·	
Remove				
າ Change				
Add				
Remove			•	

E. If amending or adding additional Articles, enter change(s) here:	FILING CANCELLED	
(Attach additional sheets, if necessary). (Be specific)	RETURNED CHECK	
	,	
	<u> </u>	
. If an amendment provides for an exchange, reclassification, or can	cellation of issued shares.	
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	e amendment itself:	

The date of each amendment(s) adoption:	03/33/3017	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	•	
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State'	et the applicable statutory filing requirements, this days records.	te will not be listed as th
Adoption of Amendment(s) (CHECK	ONE)	
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	nolders. The number of votes cast for the amendment(s	
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following stateme or entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting gr	oup)	
The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholde	r ·
☐ The amendment(s) was/were adopted by the incorp action was not required.	orators without shareholder action and shareholder	
Dated .	FILING CANC	ELLED
Signature \\ \tag{\tau}	RETURNED C	CHECK
(By a director, president	we other officer – if directors or officers have not been tor – if in the hands of a receiver, trustee, or other court at fiduciary)	t
	James Rainey  or printed name of person signing)	
(Typed	l or printed name of person signing)	
	director	
<del>- ,</del>	(Title of person signing)	