P16000101221

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TO: Amendment Section

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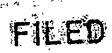
Division of Corporations NAME OF CORPORATION: WHOLESALE AUTO REPAIR INC. P16000101221 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paul Grosskopf Name of Contact Person WHOLESALE AUTO REPAIR INC. Firm/ Company 2104 LION'S CLUB RD UNIT 4 Address CLEARWATER, FL 33764 City/ State and Zip Code paulgrosskopf@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 223-4066

Area Code & Daytime Telephone Number Paul Grosskopf Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



WHOLESALE AUTO REPAIR INC. (Name of Corporation as currently filed with the Florida Dept P16000101221 (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: 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: Paul Grosskopf Name of New Registered Agent 2104 LION'S CLUB RD UNIT 4 (Florida street address) CLEARWATER 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. ature 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P, S	Briana C Jefferson	2104 LION'S CLUB RD UNIT 4
Add X Remove	·		Clearwater, FL 33764
2) Change	P, S	Paul Grosskopf	2104 Lion's Club Rd Unit 4
X Add			Clearwater, FL 33764
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		,	
Remove			

	r adding additional A nal sheets, if necessary). (Be specific)			
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	ent provides for an ex-	change, reclassifi nendment if not c	cation, or cancellat ontained in the amo	ion of issued shar endment itself:	es,
<u>provisions for</u> (if not app	olicable, indicate N/A)				
provisions for (if not app	olicable, indicate N/A)				
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provisions for (if not app	olicable, indicate N/A)				
provisions for (if not app	olicable, indicate N/A)				

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)	
(no more than 30 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will reduce document's effective date on the Department of State's records.	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" (voting group)	
(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.	
Signature Taud Day	_
(By a director, president 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)	
Towl Cross Kops (Typed or printed name of person signing)	
Don Oar	
(Title of person signing)	