P17000009733

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Dc	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporati	ons				
NAME OF CORPORAT		Body Sho	p, Inc.		
DOCUMENT NUMBER	: <u> </u>	9133			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspon	dence concerning this ma	tter to the following:			
	Xaui	Rame of Contact Person			
	Prestige	Body Shop Firm/ Company			
		J. Forsyth Rd.			
_	Dilando, F	L 32807 City/ State and Zip Code	e		
	X+01(456) E-mail address: (to be us	9@yahoo. co	notification)		
For further information con	ncerning this matter, pleas		. 211/1307		
	ontact Person	at ()2 1 Area Co	246-/307 de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amendn Division P.O. Bo	see, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		
377.7	· "				

Articles of Amendment

to

Articles of Incorporation

Pro	estige Body	Shop, Inc	⊙.	
	rporation as currently file		. of State)	
Ψ	1700000973	3 <u>3 </u>		
,	(Document Number of Con	poration (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flori	da Profit Corporation ad	lopts the following ar	nendment(s) to
A. If amending name, enter the new name o	f the corporation:			
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".	A professional corpora	rated" or the abbro	
B. Enter new principal office address, if app. (Principal office address MUST BE A STREE			<u> </u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			TAK +9 R	FILE
(Manning manifest State And Andrews State And Andrews State Andrews Stat			CONTROL OF	5.
D. If amending the registered agent and/or new registered agent and/or the new regi		n Florida, enter the nam	e of the	
Name of New Registered Agent	Xavier Torr.	e5	er sammer i con	,
	2591 N. Fo	154th Rd		
	(Florida street ad	dress		_
New Registered Office Address:	Dilando	<u>) </u>	Florida 3280	7_
	(City)	t	(Zip Code	e)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of		and accept the obligations	s of the position.	
	Love Zorres			
	Signature of New Registe	ered 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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Xavier Torres	2591 N. Forsyth R
X_ Add			Orlando, PL 32807
Remove			
2) Change			
Add			
Remove			
3) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	litional sheets,	, if necessary).	icles, enter cha (Be specific)				
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				·	**		
							<u></u>
							
f an ame	adment provi	des for an exc	nange, reclassi	fication, or car	ncellation of issu	ed shares,	
provision (if no	i s for impleme et applicable, in	enting the ame	ndment if not	contained in the	<u>he amendment i</u>	tself:	
(5) 710	таррисает, п	,					
	_						-
							

The date of each amendment(s) adoption: $3/6/2017$ date this document was signed.	, if other than the
Effective data if applicables	
(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 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.	
Dated 3/6/2017	
Signature Xoro Zoro 5 (By a director, president or other officer – if directors or officers have not been	
(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)	
., /	
Xavier Torres	
(Typed or printed name of person signing)	
President / Owner	
(Title of person signing)	