P17000013330

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	•
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COVER LETTER

TO: Amendment Section Division of Corporations

, **4** .

NAME OF CORPOR	AATION: 49th MOBIL INC			
DOCUMENT NUME				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	PATRICK KO			
		Name of Contact Person	n	
		Firm/ Company		
	2525 N TAMIAMI TRAIL			
	Address			
	SARASOTA, FLORIDA 34234			
-		City/ State and Zip Cod	е	
	·	sed for future annual report	notification)	
or further information	concerning this matter, pleas	se call:		
PATRICK KO		at (992-7185	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)	
Ame Divis	ing Address Indment Section Ion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

491H MOBIL INC	
(Name of Corporation as current	tly filed with the Florida Dept, of State)
P17000013330	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida 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 "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
P. Enton now principal office address if annihables	6104 S TAMIAMI TRAIL
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	SARASOTA, FL 34231
	sarasota county Es =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED PR 25 PM
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New F	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)

Y

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 <math>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	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Saily</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V PRES	HEBER GONZALEZ	30140 BARNABY LANE
Add X Remove			WESLEY CHAPEL, FL 33543-37
. 2) Change	V PRES	JULIO CASTANEDA	8229 60TH CIRCLE E
X Add			SARASOTA, FL 34243
Remove 3) Change	TREAS	TAWWON HWANG	2525 N TAMIAMI TRAIL
X Add			SARASOTA, FL 34234
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

	APRIL 21ST 2017	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	IL 21ST 2017	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-,	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	pted by the incorporators without shareholder action and shareholder	
APRIL 21,	2017	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)	
	PATRICK KO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	