## P17000030271

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FIGURE TARY OF STATES OF CORPORATIONS

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## **COVER LETTER**

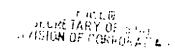
TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON:PALM BA	AY AUTO REPA	IR OF CE	ENTRAL FLORIDA, INC.		
DOCUMENT NUMBER:	P1700	00030271		·		
The enclosed Articles of Am	endment and fee are su	bmitted for filing				
Please return all corresponde	nce concerning this ma	tter to the followi	ng:			
		DAOUD HA	MDAN			
	Name of Contact Person					
	PALM BAY AUTO REPAIR OF CENTRAL FLORIDA, INC.					
	Firm/ Company					
		4509 BABCOCK	ST. NE			
		Addre	ess			
		PALM BAY, FL	32905			
		City/ State and	d Zip Cod	e		
-	E-mail address: (to be us	sed for future ann	ual renort	notification)		
	. man address. (10 oc di		ш. торот			
For further information cond	eming this matter, pleas	se call:				
DAOUD HAMDAN		at (	954	294-7173		
Name of Cor	tact Person		Area Co	ode & Daytime Telephone Number		
Enclosed is a check for the f	ollowing amount made	payable to the Flo	orida Dep	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Amend Division	Address dment Section on of Corporations 1 Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation



PALM BAY AUTO REPAIR OF CENTRAL FLORIDA, INC.

to

(Name o	Corporation as currentl	y filed with the Florida Dept, of S	tate)
	P17000030271		
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	<del>-</del>	the following amendment(s
A. If amending name, enter the new na			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designword "chartered," "professional associat	ation "Corp." "Inc," or "	'Co". A professional corporation	" or the abbreviation name must contain the
B. Enter new principal office address,	if annlicable:	4509 BABCOCK ST. NE	
(Principal office address MUST BE A ST	TREET ADDRESS )	PALM BAY, FL 32905	
C. Enter new mailing address, if appli		4509 BABCOCK ST. NE	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		PALM BAY, FL 32905	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add w registered office addres	ress in Florida, enter the name of s:	<u>the</u>
Name of New Registered Agent			<del>.</del>
	4509 BABCOCK ST. NE		
	(Florida s	reet address)	
New Registered Office Address:	PALM BAY	, Flo	32905 rida
the state of the s		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agen tered agent. I am familiar	<u>t:</u> with and accept the obligations of t	he 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.

<i>Kitke Jones, v as Remove</i> 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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			<del></del>
Add			
Remove			

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an amendment pro rovisions for imple	vides for an exc	hange, reclassi	fication, or can	<u>rcellation of iss</u>	ued shares, itself:	
(if not applicable	nienting the am	enament ii not	Contained in G	<u>re amendment</u>	<del>Hotelli</del>	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	7/19/18	
Signature		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	DAOUD HAMDAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	