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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AC on Whe	els, Inc.	
DOCUMENT NUMBER:	P17000047	353	
The enclosed Articles of Amend	<i>ment</i> and fee are s	ubmitted for filing.	
Please return all correspondence	concerning this m	atter to the following:	
		Anthony U Carral	1.0
 		Anthony V Caval Name of Contact Person	
		rame of contact (cis	011
		Fleet Doctor F	`L
		Firm/ Company	
	173 N Clea	ary Road Unit D	-3
		Address	
	West Palm	Beach, FL 3341	3
		City/ State and Zip Co	
		_	
	ac@aconwhe		
E-ma	ii address: (to be t	ised for future annual repor	t notification)
For further information concerni	ng this matter, plea	se call:	
Anthony Court lo		. 561	968-4433
Name of Contact	Person	at (<u>36</u> ± Area C	ode & Daytime Telephone Number
			•
Enclosed is a check for the follow	ving amount made	payable to the Florida Dep	partment of State:
-	3.75 Filing Fee & tificate 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)
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, Fl	retion rporations	Amen Divisi Clifto 2661	t Address Idment Section Ion of Corporations In Building Executive Center Circle Inassee, FL 32301

Articles of Amendment to Articles of Incorporation of

**************************************	(Name of	Corporation as currently	filed with the Florida Dep	ot, of State)	•
AC on Wheels,	Inc.	P17000047353			
		(Document Number of Control (D	Corporation (if known)		
Pursuant to the provisions of seits Articles of Incorporation:	ction 607.10	006, Florida Statutes, this <i>F</i>	lorida Profit Corporation a	idopts the following am	endment(s)
A. If amending name, enter the	he new nam	ne of the corporation:			
Fleet Doctor FL	INC.			$Th_{\mathcal{O}}$, now
name must be distinguishable "Corp.," "Inc.," or Co.," or t word "chartered," "professional	and contai he designat	ion "Corp," "Inc," or "C	o". A professional corpor	orated" or the abbrevation name must conta	viation vin the
B. Enter new principal office (Principal office address <u>MUS</u>					
C. Enter new mailing address (Mailing address MAY BE					<u> </u>
D. If amending the registered new registered agent and/o			ss in Florida, enter the na	me of the	
Name of New Register	<u>ed Agent</u>			 	
		(Florida stree	t adduces)		
		(110)11111 311 22	i adaress)		
New Registered Office	<u>Address</u> :		City)	_, Florida(Zij za)de)	
New Registered Agent's Signa I hereby accept the appointment	ture, if cha as registere	ed agent I am familiar wi		ILAHASSIE ELORU	
		Signature of New Res	gistered Agent, if changing	- 50 ~	

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	<u>s</u>		
X Add	<u>sv</u>	Sally Smith	<u>h</u>		
Type of Action (Check One)	<u>Title</u>	<u>N</u>	i <u>ame</u>		Address
t) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change			····	<u></u>	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
		A. A

	I de la Maria	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of induction of induced in the amendment in the ame	ssued shares, nt itself:

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	6-1-17	
	(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 requirement partment of State's records.	s, this date 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	opted by the shareholders. The number of votes cast for the ame flicient for approval.	endment(s)
	proved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
, <u> </u>	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharel	nolder
Dated6-	1-27	
Signature		
(By a d	irector president or other officer – if directors or officers have all by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	not been ther court
	/ Anthony V Cavallo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	