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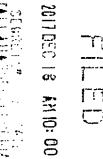
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Skywig (lassic Cars				
DOCUMENT NUMBER: 01700056797				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Kevin	Name of Contact Person			
	Classic Cacs inc			
	Address			
<u>Oldsner</u>	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Kerin Calleration	at (<u>8/3</u>) <u>297 - 4777</u> Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

DRYWAY Classic Cars In	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati	The new
name must be distinguishable and contain the word "corporati "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
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
(Trincipal office and ess prost pro a strike prostrike)	
	99
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1/A = 3 = 3
(Maning and the MALDE ALVOLOTITE ASA)	
	dress in Florida, enter the name of the
D. If amending the registered agent and/or registered office add	drace in blowide, anter the name of the
new registered agent and/or the new registered office address	SS:
Name of Nav Paristand Apart	·.
Name of New Registered Agent	¥/?
(Florida	street address)
(rtorida s	aree: adaress)
New Registered Office Address:	(City) (Zip Code)
	(Cliv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	<u>N:</u> r with and accept the obligations of the position.
X / x	·
	Projectured Apont 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	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	<u>like Jones</u>	
X Add	<u>SV</u> Si	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u></u>	Kerin Calleyby	215 woods landing frail
X Add			Oldsmar FL 34677
Remove			
2) Change	<u> </u>	Eamonn Colleighy	215 wards Landing fra.
_X_Add			Oldsmar FL 34677
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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f an amendment provides for an exc	hange, reclassifi	sation, or cancellatio	n of issued shares.	
If an amendment provides for an exc provisions for implementing the ame	hange, reclassifi endment if not co	ration, or cancellatio	n of issued shares, dment itself:	
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	endment If not co	ontained in the amen	n of issued shares, dment itself:	
provisions for implementing the ame	hange, reclassification	ontained in the amen	n of issued shares, dment itself:	
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provisions for implementing the ame	endment If not co	ontained in the amen	n of issued shares, dment itself:	

The date of each amendment(s) adoption: _	<u> </u>	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing require of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) $(\underline{C}$	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	e amendment(s)
	he shareholders through voting groups. The foliog group entitled to vote separately on the amen	
	endment(s) was/were sufficient for approval	
by	oting group)	
(V	onng group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action a	and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and s	hareholder
Dated /2 /14	117	
Signature		
(By a director, pre selected, by an in	esident or other officer – if directors or officers le corporator – if in the hands of a receiver, trustee ry by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	