717000062470

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1).010.10.2.3.
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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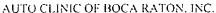
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COVER LETTER

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TO: Amendment Se Division of Cor				11 OCT 12 M 10 20
NAME OF CORPO	DRATION: AUTO CLINIC O	F BOCA RATON, INC.		1/2
	P17000062470			*
	s of Amendment and fee are su			\$ 72.
Please return all corr	respondence concerning this ma	itter to the following:		, %
	JAMES R. MEROLA, ESQ.			
		Name of Contact Perso	n	
	JAMES R. MEROLA, P.A.			
	11380 PROSPERITY FARM	IS ROAD, SUITE 204		
		Address		
	PALM BEACH GARDENS	. FL 33410		
		City/ State and Zip Cod	· c	
mer	ola@bellsouth.net			
	-	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
JAMES R. MEROL	A, ESQ.	561 at (622-1433	
Name of Contact Person			de & Daytime Telephone Number	_
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	O. Box 6327	Clifton Building		
Та	llahassee, FL 32314		Executive Center Circle	

Taliahassee, FL 32301

Articles of Amendment Articles of Incorporation



MOCT 2 MOZE (Name of Corporation as currently filed with the Florida Dept. of State) P17000062470 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST_BE_A_STREET_ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the 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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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) X Change	P	HARRY M. GLANTZ	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		···	
Add			
Remove			
4) Change			
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Remove			
5) Change			
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attach additional sheets, if necessary). (Be-	ter change(s) here: pecific)	
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provisions for implementing the amendmen	eclassification, or cancellation of issued sharif not contained in the amendment itself:	res,
an amendment provides for an exchange, provisions for implementing the amendment (if not applicable, indicate N/A)	eclassification, or cancellation of issued shariff not contained in the amendment itself:	res,
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10-10-2017	
The date of each amendment(s) adoption:	than th
Effective date if applicable:	
(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 not be liste document's effective date on the Department of State's records.	d as th
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)	
☐ 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.	
10-10-2017	
Signature Harry M. Slant3/	
(By a director, president or other officer/ infectors 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)	
HARRY M. GLANTZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	