## P18000002545

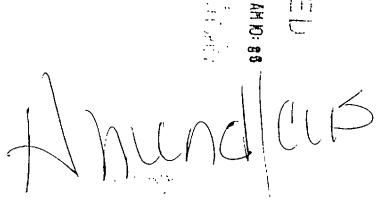
(Requestor's Name)	
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION:	Global Auto Cree	fit Inc			
DOCUMENT NUMBER:	P18000002545				
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
		Foad Fetrati			
	Name of Contact Person				
		Global Auto Credit Inc			
<del></del>		Firm/ Company			
		1600 N State Rd 7			
<del></del>		Address			
Hollywood FL 33021					
	City/ State and Zip Code				
For further information concerning	g this matter, pleas	e call:			
		at (	) de & Daytime Telephone Number		
Name of Contact	Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	zing amount made p	payable to the Florida Depa	rtment of State:		
	.75 Filing Fee & tificate of Status	□S43.75 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment

·	to Articles of Incorpo	ration	
JOD	sal ALITO	Credit INC	, 
( <u>Name of C</u>		d with the Florida Dept. of State)	
	P18000002545		
	(Document Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Flori</i>	da Profit Corporation adopts the follow	ing amendment(s) t
A. If amending name, enter the new name	e of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp." "Inc." or "Co".	A professional corporation name mus	
B. Enter new principal office address, if:			
(Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u> )		73
	<del></del>	1 mg	
	_		
C. Enter new mailing address, if applical		ም •	
(Mailing address MAY BE A POST OF	<u>FICE BOX</u> )		<u> </u>
			- <del>2</del> 5 _
			<u>. ය</u> ද
D. If amending the registered agent and/o		n Florida, enter the name of the	•
new registered agent and/or the new r	<u> </u>		
Name of New Registered Agent	Foad Fetrati		_
	1600 N State Rd 7		
<del></del>	(Florida street ad	(dress)	_
New Registered Office Address:	Hollywood	, Florida	
New Registered Office Address.	(City)		code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		nd accept the obligations of the position	
		· · · · · ·	
$\searrow$		<del></del>	
			_
	Signature of New Registe	ered 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: X Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	Christopher J Etemad	1600 N State Rd 7	
Add X Remove			Hollywood FL 33021	
2) Change	VP	Timothy Duval	1600 N State Rd 7	
XAdd			Hollywood FL 33021	
Remove			-	
3 ) Change				
Add				
Remove				
4) Change				
Add			_	
Remove				
5) Change	<del></del>			
Add				
Remove				
6) Change				
Add				
Darrows				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
f	and the state of t
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	if other than the
-	
Effective date <u>if applicable</u> :	tile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(vning group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required.	nd shareholder
1/31/18 Dated	
Signature	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
Foad Fetrati	
(Typed or printed name of person signing)	
President	
(Title of person signing)	