P180000 45647

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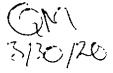
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SIKWHIPS COLLISION REPAIR INC NAME OF CORPORATION: P18000045647 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: D. KING Name of Contact Person **KPG** Firm/ Company P.O. BOX 783812 Address WINTER GARDEN, FL 34778 City/ State and Zip Code FCCWWJD@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: D. KING at (407 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **\$35** Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

SIKWHIPS COLLISION REPAIR INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P18000045647		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new name of the corporation:		
	N , A	71.
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation professional corporation name must contain	n "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	a) 1 A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		-
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:	1	
Name of New Registered Agent /	N/H	
	1	
(Florida stree	t address)	
New Registered Office Address:	, Florida	
(6	tuy) (Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent:		DEVISION D 2020 HAR
hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	AR STATE
ω/A		44 91 93.84 94.84 95.84 96.84
Signature of New Res	gistered Agent, if changing	PM 12:
		<u> </u>

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>61.</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	VP	NGUYEN, JIMMY Q	1979 BRANCHWATER TRAIL
Add			ORLANDO, FL 32825
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

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	reclassification, or cancellation of issued shares, nt if not contained in the amendment itself:	
provisions for implementing the amendmen	nt if not contained in the amendment itself:	
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MARCH 1, 2020 The date of each amendment(s) adoption: , if other than the date this document was signed. MARCH 1, 2020 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 listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) 3/1/2020 Dated Signature (By a director, president or other office - if directors 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) JIMMY Q. NGUYEN (Typed or printed name of person signing) VP

(Title of person signing)