# P18000069916

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE APR 13 2023							

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02/07/25--01016--012 \*\*35.00



#### COVER LETTER

Division of Corporations NAME OF CORPORATION: SON OF BOOVER ALLO SPOR INC. DOCUMENT NUMBER: 01800069916 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: 100 JR at (154 Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section Division of Corporations The Centre of Tałlahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# Articles of Amendment Articles of Incorporation

BAND TO STATE OF THE STATE OF T

(Name of Corporation as currently filed with the Florida Dept. of State)

(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 corporatio	<u>n:</u>	
Son of Beaver Auto Spaname must be distinguishable and contain the word "corporation"	Inc.	The new
name must be distinguishable and contain the word "corporation	n," "company," or "incorpora	ted" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co		on name must contain the word
"chartered," "professional association," or the abbreviation "i	P.A."	· olb o
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	849 5	W 9" Court
(Principul Office unuress SIOST BE A STREET ADDRESS)	(AP+ B)	Pompano
	Beach t	L, 33660
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	Samo	
	<u> Jame</u>	•
D. If amending the registered agent and/or registered office		e name of the
new registered agent and/or the new registered office add	dress:	
Name of New Registered Agent		
isame of sew negisterea Agent	· <del></del>	
(Florid	da street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent. I am fami		utions of the position.
Signature of N	ew Registered Agent, if change	ing
		6

Check if applicable

 $\Box$  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:

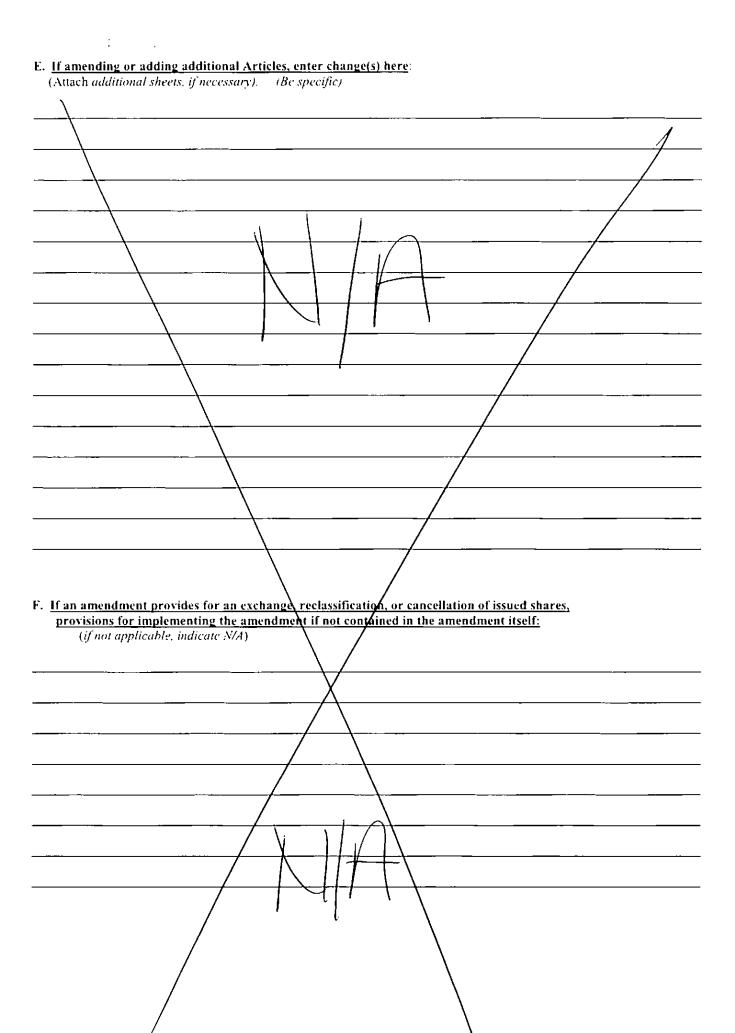
(Attach additional sheets, if necessary)

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.

Mike Jones, V as R	emove, and Sa	lly Smith, SV as	an Add.				
Example: X Change	\ <u>PT</u>	John Doe					/ ,
X Remove	<u>\</u> <u>\</u>	Mike Jones	No	Char	Me.	Xlea	Had
<u>X</u> Add	$\sqrt{SV}$	Sally Smith	1 40	<u></u>	0	/ /	7 - 0
Type of Action (Check One)	Title	<u>Nan</u>	<u>10</u>		4	Address	
1) Change							
Add					_		
Remove					+	/	
2) Change		_\			_ /-		
Add					/ -	· · · · · · · · · · · · · · · · · · ·	
Remove Change		_ \_			<u> </u>		
Add					_		
Remove		\			_	·	
4) Change			<del>\</del>				
Add					_		
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Remove			<b>/</b> \	\	_		
6) Change		- /—	<del></del> -	<del>\</del>			
Add					_	<del>_</del>	
Remove							
		/					
	/			\			



## 

Signature

Dated

(By director, president or other officer – 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)

(Typed or printed name of person signing)

(Title of person signing)