## P190000 11447

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02-18-19

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ST LUCIE CAR FI	NDERS INC
DOCUMENT NUMBER: P19000011447	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	eter to the following:
DENNIS BURDICK	
	Name of Contact Person
ST LUCIE CAR FINDERS I	NC .
	Firm/ Company
10207 SE LENNARD RD	
<del></del>	Address
PORT SAINT LUCIE FL 349	952
	City/ State and Zip Code
STLUCIECARFINDERS@GMAII	COM
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
DENNIS BURDICK	at () 203-9570
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 to Articles of Incorporation of

(Name of Corporat	tion as currently filed with the Flo	orida Dept. of State)
P19000011447		
(Docu	ment Number of Corporation (if kno	own)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment(s) t
A. If amending name, enter the new name of the c	corporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the B. Enter new principal office address, if applicable	p," "Inc," or "Co". A profession e abbreviation "P.A."	r "incorporated" or the abbreviation all corporation name must contain the
(Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u> D. If amending the registered agent and/or register	ered office address in Florida, ent	SECRETARY OF STATE OF the name of the
new registered agent and/or the new registered	d office address:	7
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:		, Florida
	(Cnyi	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		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: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
$\underline{X}$ Add	<u>sv</u>	Sally Smith		
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s	
Li Change	P	AMGELO GRISETTI JR	451 NW EMILIA WAY	
Add			JENSEN BEACH, FL 34957	
X Remove				
2) Change	P	ANGELO GRISETTI	451 NW EMILIA WAY	
X Add			JENSEN BEACH, FL 34957	
Remove				
3.) Change				
Add				
Remove				
4) Change				
Add				
Remove				
57 Change				
Add				
Remove				
6) Change				
Add				
Remove				

	eets if necessary).	(Be specific)			
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	rovides for an excl	hange, reclassificat			
		underent if not cont	ained in the amen	dment itself:	
provisions for impl		nament it not com	and the territory		
provisions for impl	lementing the ame de, indicate N/A)	<u>nament ii not com</u>			
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provisions for impl		- Adjuctivity and Control			
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The date of each amendment(s) date this document was signed.	adoption: If other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
DENNIS BURDICK	
· /	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	idopted by the incorporators without shareholder action and shareholder
Dated	-11-19
Signature	director, president or other officer – if directors or officers have not been
	a director, president or other officer – if directors or officers have not been steel, by an incorporator – if in the hands of a receiver, trustee, or other court
аррс	sinted fiduciary by that fiduciary)
	Pennis Burdick
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)