P190000 82853

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DEC 1 6 2019

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: A V to CHOICE USA COLP P190000 82853 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company 13152 LEXINGTON SURMY ST Address O((A)), LL 32828 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (407), 669-0012

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

> Amendment Section Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Amendment Section

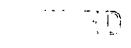
P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to

Articles of Incorporation of



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AUto CHOÍCE	USA CORP
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P19000083	2853
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
USA AUto	CHOICE CORP The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "eword "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2866 FORSYHARD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Unit: 1/26
	Winter Pack, FL 32792
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 addr new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida sm	vet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agents I hereby accept the appointment as registered agent. I am familiar s	
Signature of New R	egistered 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 Doc 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	<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				
Add				
Remove				
2) Change				
Add	•			
Remove				
3) Change				
Add			_	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
		·		
			<u> </u>	
	_			
				
, <u></u>				
	<u> </u>			<u> </u>
		,		
	-	·-		
f an amendment provides for an exc	hange, reclassific	ation, or cancella	tion of issued sha	res,
provisions for implementing the ame (if not applicable, indicate N/A)	indment it not co	ntained in the an	nendment itsell:	

The date of each amendment(s) adoption:	11-69-2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	11-09-2019	
(no n	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meel document's effective date on the Department of State's		ate will not be listed as the
Adoption of Amendment(s) (CHECK (<u>ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva		s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group		ent
"The number of votes cast for the amendment((s) was/were sufficient for approval	
by(voting gro		
(voting gro	oup)	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and sharehold	er
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareholder	
Dated//- 0 9	-2019	
Signature X Jacobs (By a director, president or	other officer - if directors or officers have not been	
selected, by an incorporate appointed fiduciary by tha	or $-$ if in the hands of a receiver, trustee, or other cou	rl
———∠ (Typed	WASE Y Abinasic of person signing)	
	Presiden + (Title of person signing)	
	(Title of person signing)	