## P19000094300

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## COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

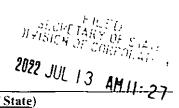
Tallahassee, FL 32314

NAME OF CORPORATION: CAR ON THE ORIVE INC.
DOCUMENT NUMBER: P190000 94300
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PETER BOWES  Name of Contact Person
CAR ON THE DRIVE INC.
8501 NATURES HAMMOCK WAIL
Kissimmi FL 34747  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please eall:
PETER BOLKES at (407) 864 7290  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\sigma\$ \$\s
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



( <u>Name of Corporation as currentl</u>	y filed with the Florida Dept. of State)
P1900094	300
	f 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:	NA
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" = c "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	MA
(Florida str	vet address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing

Check if applicable

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

Example: X Change	PT	John Doc	
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>	Address
l) Change	_D_	KEVIN MCMAHON	8501 NATURES HAMMUCK T
Add			KISSIMMEE
X Remove			FL 34747
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

<u>If amei</u> (Attach	nding or ad- additional s	<mark>ding additiona</mark> heets, if necessi	l Articles, ent iry). (Be spe	<u>er change(s) h</u> ecific)	<u>iere</u> :			
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<u>If an ar</u> provis	<u>mendment p</u> sions for imp	provides for an plementing the	exchange, re- amendment	<u>classification,</u> if not contain	<u>or cancellati</u> ed in the ame	<u>on of issued sl</u> indment itself:	<u>hares,</u> :	
(if	f not applica	ble, indicate N/	A)				-	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: $SULJ$ 1 5 7 2022  (no more than 90 days after amendment file date)	
(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 volument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	ınd shareholder
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	
by	
(voting group)	
Dated 7.1.2,2 Signature Signature	յլ մե յլ ՀՈՏՈՍ <b>2022 ၂</b> ۱
Signature	
(By a 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	ယ ဥ္သည္တိုင္
appointed fiduciary by that fiduciary)	
PETER BOWES	<del>-</del> 2
PETER BOWES (Typed or printed name of person signing)	<del></del>
DIEFTOD	
(Title of person signing)	