P21000049469

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2022 APR 26 AM 6: 59
SECRETARY OF STATE

A. BUTLER JUN 17 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CD Protection III,	Inc.	
DOCUMENT NUME	BER: P21000049469		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Travis Zollner		
		Name of Contact Persor	1
	Victory Automotive Group		
		Firm/ Company	
	46352 MICHIGAN AVE.		
	Address		
	Canton		
		City/ State and Zip Code	e
	travis@vagmgt.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Travis Zollner		at (495-3500
Name o	Name of Contact Person at (757) Area Code & Daytime Telephone Numb		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations In of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2022 ADD 0

CD Protection III, Inc.	2022 APR 26 AM 6: 59
(Name of Corporation as o	currently filed with the Florida Dent of State)
P21000049469	TALT AHAGGES TATE
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ıtion:
	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word n "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining address MAT BL AT OST OTTICL BOX)	
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
(F.	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d torut.
I hereby accept the appointment as registered agent. I am for	
Sionature o	of New Registered Agent, if changing
	Notes the state of the state of state o
Chack if applicable	

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 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: XChange	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Michael Cappo	46352 Michigan Avenue
X Add			Canton, MI 48188
Remove			
2) Change	S	Егіс Сарро	46352 Michigan Avenue
X Add			Canton, MI 48188
Remove 3) Change	Р	Jeffrey Cappo	46352 Michigan Avenue
Add			
X Remove			
4) Change			
Add			
Remove			·-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
···-	
	
·	
 If an amendment provides for an exch provisions for implementing the ame 	nange, reclassification, or cancellation of issued shares, and indicate in the amendment itself:
(if not applicable, indicate N/A)	
 	
	

. . .

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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 fil	e date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requi Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	he amendment(s)
	pproved by the shareholders through voting groups. The for or each voting group entitled to vote separately on the ame	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
4/22/202 Dated		
Signature	- 4/	
selec	director, president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, trust- inted fiduciary by that fiduciary)	
	Michael Cappo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	