P23000028559

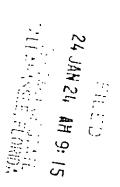
(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
<u> </u>	ocument Number)	
(2)	ocument Number)	
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Special Instructions to Filing Officer:		
J. HORNE FEB - 9 2024		
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COVER LETTER

TO: Amendment Section Division of Corporations

.

Tallahassee, FL 32314

NAME OF CORPO	PRATION: Auto Collateral & I	rleet Storage inc	
DOCUMENT NUM	IBER: P23000028559		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Vincent Payne		
		Name of Contact Person	
		Firm/ Company	<u> </u>
	5435 Catalyst Avenue		
		Address	
	Sarasota Fl 34233		
	· . <u>-</u> -	City/ State and Zip Code	3
	Vinnicjpayne@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Vincent Payne		at (<u></u>	7241892 le & Daytime Telephone Number
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

	Articles of I	το ncorporation of	la Dept. of State)
Auto Collateral & Fleet Storage Inc			1377 24 14
(<u>Name</u>	of Corporation as currer	atly filed with the Florid	la Dept. of State)
23000028559			10 10 10 10 10 10 10 10 10 10 10 10 10 1
	(Document Number	of Corporation (if know	n)
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corpord	ation adopts the following amendmen
. If amending name, enter the new n	ame of the corporation:		
auto Collateral & Fleet Services Inc			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp, " "Inc, " or "Co".	A professional corpora	orated" or the abbreviation "Corp.," ution name must contain the word
8. Enter new principal office address,	if applicable:	5435 Catalyst Aver	mue
Principal office address MUST BE A STREET ADDRESS		Sarasota Fl 34233	
			·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5435 Catalyst Aver	nue
		Sarasota FI 34233	
If amending the registered agent an new registered agent and/or the ne			the name of the
Name of New Registered Agent	Vincent Payne		
Manie of then Registered Agent	5435 Catalyst Avenue		<u> </u>
	(Florida	street address)	
			2.4222
New Registered Office Address:	Sarasota FI		, Florida

Signature of New Registered 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.

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>	Name	Address
1) Change	P	Vincent Payne	5435 Catalyst Avenue Sarasota Fl 2
Add x Remove			
2) Change Add	P	Certified Asset Recovery Salulians	5435 Catalyst Avenue Sarasota Fl
Remove Change			
Add Remove			
4) Change Add			
Remove 5) Change	-		
Add Remove			
6) Change Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
le are just changing the name from " Auto Collateral & Fleet Storage" to Auto Collateral &	Fleet Services Inc.
e are changing the owner from Vincent Payne to Certified Asset Recovery Solutions Inc	
	
	
The state of the s	<u>l shares.</u> elf:
	
	······

The date of each amendment(s) ad	1/19/24 option:	, if other than the
date this document was signed.		
. · · 1/19/ Effective date <u>if applicable</u> :	24	
Effective date ir applicable.	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the ar	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	I
by		,,,
· · · · · · · · · · · · · · · · · · ·	(voting group)	
1/19/24		
Dated		
Signature		
(By a di selected	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	
	Vincent Payne	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	