## P95000077097

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CUSTOM CARTS	INC		
	DOCUMENT NUMBER: P95000077097			
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:		
• •	LUIS HASBROUCK			
		Name of Contact Person	)	
	CUSTOM CARTS, INC			
		Firm/ Company		
	3119 CLARK RD			
	Address			
	SARASOTA FL 34231			
		City/ State and Zip Code	E	
SAN	DIEMASON1@COMCAST.	NET		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
LUIS HASBROUCK		at (	924-6132	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Articles of Incorpor of CUSTOM CARTS INC

( <u>Name o</u>	of Corporation as curren	ntly filed with the Florida Dept. of State)
P95000077097		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation;	
HASBROUCKI OC	INC	The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	N/A
C. Enter new mailing address, if appli		N/A
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	
D. If amending the registered agent an		
new registered agent and/or the nev		<u>:ss:</u>
Name of New Registered Agent	N/A	
	act 1	street address)
	N/A	wreet adaress)
New Registered Office Address:	18/78	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if cl	nanging Registered Age	nt:
		with and accept the 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.

Mike Jones, v as kemove	, ana Sai	y Smun, Sv as an	Ada.	
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)	Title	Name		<u>Addres</u> s
1) Change		N/A		
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del>-</del>		
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
V/A	
. If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment.	
(if not applicable, indicate N/A)	CH HSCH
I/A	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date with partment of State's records.	ill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	pted by the incorporators without shareholder action and shareholder	
06/14/16		
Dated		
Signature	(custostrouts	
(By a di	rector, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
• •		
	LUIS HASBROUCK	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	