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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Nationwide Auton	notive Services, Inc.	
DOCUMENT NUN	IBER: P96000040672		·
	s of Amendment and fee are so	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Sarah Gray, Esq.		
		Name of Contact Persor	1
		Firm/ Company	
	800 W. Yamato Road		
	Boca Raton, FL 33431	Address	
	Boca Raton, Fr. 33431	City/ State and Zip Code	<del></del> .
For further informati Sarah Gray	on concerning this matter, plea	sed for future annual report se call:  at ( 561	720-6010
Name	of Contact Person		)de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2023 SEP 14 AM IT: 59

Nationwide Automotive Services, Inc.

(Name of Corporation as current	ly filed with the Florida Dept. of State) of 37/47
P96000040672	1. 2014年8月1月1日日
(Document Number of	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:	
NAS Arena, Inc.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	'company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Manual and Case 1977 1977 1977 1977 1977)	<del></del>
	<del></del>
	***************************************
D. If amending the registered agent and/or registered office add	Iress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent N/A	
(Florida st	reet address)
New Registered Office Address:	. Florida
The Magnitude Office Medicals.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
, , , , , , , , , , , , , , , , , , , ,	,
	De translation (Callerine
Signature of New I	Registered Agent, if changing

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)

Example:

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)	Title	<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			

	additional sheets, if necessary).	ticles, enter change(s) l (Be specific)	······································		
N/A					
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F. <u>If an a</u>	mendment provides for an exc sions for implementing the am	hange, reclassification	or cancellation of is	sued shares,	
( <i>į</i>	if not applicable, indicate N/A)	Chament it not Contain	ed in the amendmen	t nacij.	
N/A					
•		<del> </del>		<del></del>	
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		, if other than th
date this document v	was signed.	
Effective date <u>if ap</u>	plicable:	
	nserted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	ot be listed as th
Adoption of Ameno	dment(s) (CHECK ONE)	
The amendment( action was not re	s) was/were adopted by the incorporators, or board of directors without shareholder action and sh quired.	areholder
	s) was/were adopted by the shareholders. The number of votes east for the amendment(s) ers was/were sufficient for approval.	
	s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):	
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	09/07/2023	
Da	ated	
Si	gnature MO	
	(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 appointed fiduciary by that fiduciary)	
	Anthony Arena	
	(Typed or printed name of person signing)	·
	President	
	(Title of person signing)	