P9700039464

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NATIONAL DATE POLOTETS INC
DOCUMENT NUMBER: 797 Q00039464
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IGGA WASIKWSKI Name of Contact Person
Name of Contact Person Notional Outo Projects Firm/ Company
1220 5 Dixie Hy E
Pangona Bas 33060 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 3282530 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Aggres

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

NATIONAL AUTO PROJECTS, INC.

2017 0EC 19 PH 12: 05

(Name of Corporatio	n as currently fi	ed with the Florida Dep	t. of State)	
	P97000039464	;		•
(Docume	ent Number of Co	rporation (if known)		
tursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Flo	rida Profit Corporation a	dopts the followir	ng amendment(s) to
If amending name, enter the new name of the con	rporation:			
				_The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the a	" "Inc," or "Co"	'. A professional corpor		
. Enter new principal office address, if applicable:	_			
Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)			
	-			
	-			
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	Y) _			
	_			
	-		· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registere	ed office address	in Florida, enter the nat	ne of the	
new registered agent and/or the new registered o	ffice address:			
Name of New Registered Agent				_
-			• •	
	(Florida street d	address)		_
Mary Production I Office A House			m ti.	
New Registered Office Address:	(Cit	y)	, Florida (Zip	Code)
			_	
ew Registered Agent's Signature, if changing Regi				
hereby accept the appointment as registered agent. I	l am familiar with	and accept the obligation	s of the position.	
Siones	iture of New Rooi	stered Agent, if changing		-
.ngna	c .ge. negr	no ou rigorn, if chariging		

smending 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 Do	<u> </u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
I) Change	\overline{D}	-	OSUNDO Obregon	1220 5 DIXIOHA
X Add			OSUNDO ObregON	Pompour Boh
Remove				33060
2) Change		_		
Add				
Remove				
3) Change		_		
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	r adding additional Ainal sheets, if necessary)). (Be specific)			
					
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	ent provides for an ex	change, reclassifica	ition, or cancellatio	n of issued shares.	
f an amendm	<u>r implementing the am</u>	nendment if not con	tained in the amen	dment itself-	
<u>provisions fo</u>					
<u>provisions fo</u>	plicable, indicate N/A)				
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The date of each amendment(s) adoption:	if other than the
sinte this document was signed.	
Effective date if applicable: 12000000000000000000000000000000000000	
(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 will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president of the first of the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
(Title of person signing)	