

P98000065472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

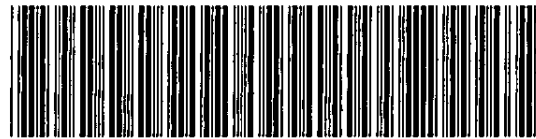
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



100079328651

09/01/06--01008--025 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 21 PM 2:05

Special Instructions to Filing Officer:

Roberto  
Paul (Accountant) GAVE

AUTHORIZATION BY PHONE TO

CORRECT

Name should be (Harland)

DATE

09/26/06

REG. EXAM

Dannell

Office Use Only

Name Change  
&  
Amend.  
09/26/06  
dc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2006

GREGORY L. HOWLAND  
SPIFFY WASH & LUBE, INC.  
507 MARY ESTHER CUTOFF  
FT. WALTON BEACH, FL 32548

SUBJECT: SPIFFY WASH & LUBE, INC.  
Ref. Number: P98000065472

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE REMOVE THE SOCIAL SECURITY NUMBER CONTAINED IN THE DOCUMENT.

The date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 306A00053773

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SPIFFY TRUCK & AUTO ACCESSORIES, INC  
OLD NAME: SPIFFY WASH & LUBE INC

NEW  
NAME

DOCUMENT NUMBER: P 980000 65472

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOWLAND  
GREGORY L. HOWLAND  
(Name of Contact Person)

SPIFFY TRUCK & AUTO ACCESSORIES, INC  
(Firm/ Company)

504 HARRY ESTHER  
(Address)

FT. WALTON BEACH, FL 32548  
(City/ State and Zip Code)

For further information concerning this matter, please call:

GREGORY L. HOWLAND at ( 850 ) 376-7137  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Paul (850) 862-1040

☐ \$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  
Tallahassee, FL 32314

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

Articles of Amendment  
to  
Articles of Incorporation  
of

SPIFFY WASH & LUBE, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P 98000065472

(Document number of corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 21 PM 2:05

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

SPIFFY TRUCK & AUTO ACCESSORIES, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The new PRESIDENT + only officer shall be GREGORY L. HOWLAND

The new-REGISTERED AGENT shall be GREGORY L. HOWLAND

for GREGORY L. HOWLAND

The Registered Agent Certificate is attached

The address of the Corporation remains the same:

501 Mary Esther Cut-off, Ft Walton Beach, FL.

The sole stockholder (100%) shall be Gregory L. Howland

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 9.18.6


Effective date if applicable: 9-18-6  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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 \_\_\_\_\_."  
(voting group)

- ☐ 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.

Signature  PRES  
(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)

GREG HOWLAND  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**

**Certificate of Designation  
Registered Agent and Registered Office**

Pursuant to the provisions of 607.0501, Florida Statutes, the undersigned corporation,  
organized under the laws of the State of

Florida, submits the following statement in designating the registered agent, in the State of  
Florida.

1. The name of the corporation is:

SPIFFY TRUCK + AUTO ACCESSORIES, INC.

2. The name and street address of the registered agent and office is:

507 MARY ESTHER FT WALTON BEACH, FL 32548

By: X [Signature]  
Name: REGINA L. NEWLAND Incorporator

Date: 8/25/06

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR  
THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE.  
I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN  
THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL  
STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,  
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS  
REGISTERED AGENT.

X [Signature]  
Name: \_\_\_\_\_ Registered Agent

Date: 8/25/06