## P9800066726

(Re	equestor's Name)			
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SECRETARY OF STATE DIVISION OF CORFORATION

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## **COVER LETTER**

TO: Amendment Section Division of Corporations PMOBILE LIQUIDATORS NAME OF CORPORATION: 000066726 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & **□**\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status

(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

Certified Copy

is enclosed)

(Additional Copy

## Articles of Amendment

to
Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Incorporation				
MORIDA AUTOMOBILE LIDUIDATORS INC				
(Name of Corporation as currently filed with the Florida Dept. of State)				
P9B000066726				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the				
new registered agent and/or the new registered office address:				
Name of New Registered Agent SABRIEL FO (TRULON)				
CO36 DEVOE STREET (Florida street address)				
New Registered Office Address: TACKSOUVILLE , Florida 7 32320 (City) , Florida 7 32320				
(Chy) (Lip Coue)				
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registeres Ageny, 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.

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	P	RELLAH, MICHAEL W, SR	<u>8036 DEVOE S</u>
Add			DACKSONVILLE, FL
Remove			32220
2) Change	D	RECIAH, MICHAEL, W. Se	cosp Drine st
Add			VACKSOUVLUE, FL
Remove			32220
3) Change	_5	RELLAH, VIRGINIA S	- 8036 DEVOE ST
Add			TACKSONULLE, FL
Remove			32220
4) \ \ Change	1	GRULLOW, GARRIEL F	2036 DEVOR ST
_X_ Add		,	VACKSONVILLE, FL
Remove			32220.
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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provisions for implementing the amen	ange, reclassification, on dment if not contained	in the amendment itse	<u>lf:</u>	
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, on the desired in the desir	in the amendment itse	<u>lf:</u>	
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The date of each amendment(s) adoption:	FILED struction the
date this document was signed.	DIVISION OF CORPORATION
Effective date if applicable:	fier amendment file date)
(no more than 90 days a	tter amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were suffici-	ent for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	cholder action and shareholder
Dated TUNE 15+4 201	
Signature (By a director, president or lotter officer - ille	perces or officers have not been
selected, by an incorporator + if it the halps of appointed fiduciary by that fiduciary)	l a receiver, trustee, or other court
TABRIE	LF. GRULLON
(Typed or printed name of	person signing)
VICE,	DRESIDENT
(Title of person	signing)