## P9800106304

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

4

NAME OF CORPORATION: EVAN	as Company of Central Florida Inc
DOCUMENT NUMBER: P98 00	ns Company of Central Florida Inc
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	is matter to the following:
Rhi	Name of Contact Person
Evans	Auto Sales Firm/ Company
	Firm/ Company
1706 S	Nova RJ
~	Address
Day ton	e Beach, R 32119
	Firm/ Company  Nova RJ  Address  Beach, Fr. 32119  City/ State and Zip Code
e vansaccou	nting @ Cfl. rr. com  be used for future annual report notification)
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	please call:
$\mathcal{O}$ . $\mathcal{O}$ .	
Khonda Pigot	at ( 386 ) 304 - 2727  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & 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 Fe Certificate of St	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address  Amendment Section  Division of Corporations  Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

Evans Compar	dy of Central Horida Inc	
(Name of C	Corporation as currently filed with the Florida Dept. of State)	
P980001	06304	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:		; amendment(s) to
A. If amending name, enter the new name	of the corporation:	
	l' nla	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the word "corporation," "company," or "incorporated" or the about "Corp," "Inc," or "Co". A professional corporation name must con "or the abbreviation "P.A."	breviation
B. Enter new principal office address, if a	applicable: M/A	<del>.</del>
(Principal office address <u>MUST BE A STR</u> )	FET ADDRESS )	
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/onew registered agent and/or the new resistered agent and/or the new re	or registered office address in Florida, enter the name of the	FILED FILED
-	(Florida street address)	
New Registered Office Address:	, Florida,	
	(City) (Zip C	(ode)
New Registered Agent's Signature, if char	 nging Registered Agent:	
I hereby accept the appointment as registere	ed agent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	

Executive Officer, CFO held, President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	rector title President = Chief I r. Directo in the foi wes the co	e by the firs  T= Treasi  Thancial Of  The would be  thowing man  orporation.	rer; S= Se fficer. If ar PTD, ner. Curre Sally Smith	cretary: D= D i afficer/directa ntly John Doe is named the V	or holds more is listed as the	Trustee; C = Chairman or Clerk; CEO - Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jone	   <u>\$</u> 			
<u>X</u> Add	<u>sv</u>	Sally Smit	<u>h</u> i			
Type of Action (Check One)	<u>Title</u>	<u> </u>	ame			Address
1) X Change	DP	_	Joe	Evan	5	17065 Nova Rd
Add						1706 S Nova Rd Duydona Beach, Fr
Remove						32119
2) Change		_	<u> </u>			
Add			; 			
Remove			1			
3 ) Change						
Add			ı			
Remove						
4) Change					<del></del>	
Add						<del></del>
Remove		•				
5.						
5) Change					<del></del>	<del></del>
Add						
Remove			1			
6) Change		<del></del>				
Add			'			
Remove			1			

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:

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	1
	N/C
,	
	<del> </del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у погаррисаоле, такале гом)	
_	
V	الله
	i i
	l <sub>I</sub>

The date of each amendment(s) adoption: date this document was signed if other than the
Effective date if applicable:
(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 not be listed as the document's effective date on the Department of State's records.
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 east for the amendment(s) was/were sufficient for approval
by
(vbting 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.
Dated 9-12-17
Signature Al Collans
(By adirector, 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)
Jæ Evans
(Typed or printed name of person signing)
Director
(Title of person signing)