# P99000105892

(Requestor's Name)
(Address)
· ·
(Address)
( · · · · · · · · · · · · · · · · · · ·
(City/State/Zip/Phone #)
(CH)/Class_Lp. None ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Catalian Line)
(Document Number)
(Coomical values)
Certified Copies Certificates of Status
Obtained depice
Special Instructions to Filing Officer:





400211045484

09/02/11--01021--003 \*\*35.00

2011 SEP -2 PK 2: 28
SECRETARY OF STATE

Amend

9-6-11

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	PRICE AUTO, INC.	
DOCUMENT NUM	MBER:	#P99000105982	2
The enclosed Article	es of Amendment and fee	are submitted for filing.	
Please return all cor	respondence concerning th	nis matter to the following:	
_		Tammy Dillon	
		Name of Contact Person	
-		Firm/ Company	
_	7519 Peni	nsylvania Avenue, Suite 103	
		Address	,
_		asota, Florida 34243	
·	(	City/ State and Zip Code	
	Tam E-mail address: (to be us	my@35bp.com ed for future annual report notification)	
For further informat	ion concerning this matter	, please call:	
Т	ammy Dillon	at (941)3	355.9500
Name o	f Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a check	for the following amount i	nade payable to the Florida Depar	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

#### PRICE AUTO, INC.

•	Articles of Amendmen	nt 🔨
	to	20 11
, ,	Articles of Incorporation	on William C
	of	(A) (C) (A)
PRICI	E AUTO, INC.	tal Sept. of State)  Own)
(Name of Corporation as curr	ently filed with the Floric	da Dept. of State)
#P9	9000105982	
(Document Nur	nber of Corporation (if kno	own)
amendment(s) to its Articles of Incorporation:		Florida Profit Corporation adopts the following
A. If amending name, enter the new name o	f the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the	e designation "Corp," "Inc	c," or "Co". A professional corporation
name must contain the word "chartered," "pro	fessional association," or	the appreviation "P.A.
B. Enter new principal office address, if app	olicable:	the appreviation "P.A.
B. Enter new principal office address, if app (Principal office address)	olicable:	The abbreviation "P.A.
B. Enter new principal office address, if app	olicable:	The abbreviation "P.A."
B. Enter new principal office address, if app	olicable:	The abbreviation "P.A.
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>	olicable: ET ADDRESS )	The abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE) C. Enter new mailing address, if applicable	   <u>  T ADDRESS</u>	The abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>	   <u>  T ADDRESS</u>	The abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE) C. Enter new mailing address, if applicable	   <u>  T ADDRESS</u>	The abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u> C. Enter new mailing address, if applicable	   <u>  T ADDRESS</u>	The abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u> C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>	egistered office address i	
B. Enter new principal office address, if application of the address of the addre	egistered office address i	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICAL)  D. If amending the registered agent and/or 1	egistered office address i	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI)  D. If amending the registered agent and/or in new registered agent and/or the new registered agent:  Name of New Registered Agent:	icable:  TADDRESS )  CE BOX  registered office address istered office address:	in Florida, enter the name of the
B. Enter new principal office address, if application of the address of the addre	egistered office address i	in Florida, enter the name of the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI)  D. If amending the registered agent and/or in new registered agent and/or the new registered agent:  Name of New Registered Agent:	icable:  TADDRESS )  CE BOX  registered office address istered office address:	in Florida, enter the name of the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI)  D. If amending the registered agent and/or in new registered agent and/or the new registered agent:  Name of New Registered Agent:	icable:  TADDRESS )  CE BOX  registered office address istered office address:	in Florida, enter the name of the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI)  D. If amending the registered agent and/or in new registered agent and/or the new registered agent:  Name of New Registered Agent:	ET ADDRESS )  E CE BOX)  Tegistered office address istered office address:  (Florida street of the s	in Florida, enter the name of the

## 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
Directo	Ben E. Price	7519 Pennyslvania Avenue Suite 103 Sarasota, Florida 34243	☑ Add □ Remove
(attach ad	dditional sheets, if necessary). (I	Be specific)	
provisio		nge, reclassification, or cancellation of i ment if not contained in the amendmen	

The date of each amendmen	t(s) adoption: August 15, 2011
Effective date if applicable:	August 15, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated Aug	ust 15, 2011
Signature	Bun'
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Ben E. Price
	(Typed or printed name of person signing)
	Director, President, Vice-Pres, Secretary, Treasurer

(Title of person signing)