<u> 532855</u>

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AUG 14 2017

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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: FLEET A	PAINTENANCE OF SOFL, INC.
DOCUMENT NUMBER: S32855	
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
W PALIN BEA	MANCE OF SO FL Firm/ Company OULT S Address CN, FL 33407 y/ State and Zip Code D. AOL. COM Tuture annual report notification)
For further information concerning this matter, please call	
JOE MEUONEUM Name of Contact Person	at (<u>SUI)</u> 881-1380
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
Certificate of Status (7	43.75 Filing Fee & S52.50 Filing Fee fertified Copy (Additional Copy is enclosed) S52.50 Filing Fee 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 to Articles of Incorporation of

FLEET MAINTENANCE OF SO FL INC.

TOCCT INFINITEDADO UT S	
	filed with the Florida Dept. of State)
	5
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flatticles</i> of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co	o". 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 <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	SECT A T
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amonding the registered agent and/or registered office address	ss in Florida, enter the name of the
D. If amending the registered agent and/or registered office addressed new registered agent and/or the new registered of fice address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
(6	City) (Zip Code)
Nam Danistand Annels Cinceton (Cabanin Danis)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
	, , , , , , , , , , , , , , , , , , , ,
Signature of New Reg	gistered Agent, 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 = ChiefExecutive 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

Example; X Change	PT John Doc	
X Remove	V Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	JOSEPH T MEG	ODEOAL 1117 53RD CT. SOUTH
Add		W. PALL BCH, FL
Remove		33407
2) Change	SV CAROL D MEG (# ADD MIDDLE 14	ONEUAL 1117 53RD CT. SOUTH
Add	(A ADD MIDDLE 14	WITHAL) W. PALR BCH, FL
Remove	-	33407
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6)Change		
Add		
Remove		

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
 	
	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	
	

The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable:	file data)
the more man 20 days after unertainent	jne une)
Note: If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	following statement mendment(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 was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
Dated8/3/17	
Signature A. Za	
(By a director, president or other officer - if directors or office	ers have not been
selected, by an incorporator f if in the hands of a receiver, true appointed fiduciary by that induciary)	stee, or other court
•	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	