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COVER LETTER

TO: Amendment Section Division of Corporations

	Oul Auto Fi	nance Co		
NAME OF CORPORATION:	OWI AUCO F	mance co.		
DOCUMENT NUMBER:	CUMENT NUMBER: S62415			
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
	David L. W	llkosz		
		Name of Contact Perso	1	
	Owl Auto F	inance Co.		
		Firm/ Company	 · · · · · · · · · · · · · · · · ·	
2315 Curry Ford Road				
Address				
	Orlando, Fi	32806		
		City/ State and Zip Cod	2	
	dwi lkosz@hi	ighcotton.com		
E-ma		sed for future annual report	notification)	
		,		
For further information concerning	ng this matter, pleas	se call:		
David Wilkosz		407 at (
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	urtment of State:	
XX ∰ \$35 Filing Fee □\$43 Cer	1.75 Filing Fee & tificate 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		Amend Divisio	Address ment Section n of Corporations Building	

Tallahassee, Ft. 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Owl Auto	Finance CO.				
(Name of Cor	oration as curren	tly filed with the Florid	da Dept. of State)		
\$62415					
(Document Number	of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, thi	s Florida Profit Corpor	ation adopts the following	owing amendme	nt(s) t
A. If amending name, enter the new name of	the corporation:				
N/A				The new	
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	Corp." "Inc." or	"Co". A professional		he abbreviation	
B. Enter new principal office address, if applicable:		N/A	_	هد ، پ	
Principal office address MUST BE A STREE			<u>-</u>	- (c) Z	
			· ·	- 2 - 1	M
		<u>-</u>		<u> </u>	=
C. Enter new mailing address, if applicable:					<u></u>
(Mailing address MAY BE A POST OFFIC	E BOX)	_N/A		(ن
					
D. If amending the registered agent and/or re			the name of the		
new registered agent and/or the new regis		<u>ss:</u>			
Name of New Registered Agent	N/A				
		treet address)			
New Registered Office Address:	N/A		. Florida		
		(City)		(Zip Code)	
New Registered Agent's Signature, if changin hereby accept the appointment as registered as			ivations of the posit	ion	
and the second second second second second second second		The state of the s	-Garage of the post	• • • • • • • • • • • • • • • • • • • •	
					
	Signature of New	Registered Agent, if cha	nging		

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.

X Change	<u>PT</u> <u>John</u>	ı <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	Director	Steven M Hagan	5304 Newhall Ave.
Add			Orlando, FL 32810
XX Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Change			
Add			
Remove			

	(Be specific)
N/A	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate NA)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate NA)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate NA)	nange, reclassification, or cancellation of issued shares, and and an angendment itself:

•	August 9, 2017	
The date of each amendment(s) a date this document was signed.		. if other than the
Effective date <u>if applicable</u> :	September 15, 2017	
Effective date if applicable.	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for ufficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The f r each voting group entitled to vote separately on the am	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		,
,	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and	d shareholder
Nove Dated	ember 14, 2017	
Signature	Dava Z Willion	
(By a	director, president or other officer - if directors of officer	
	ed, by an incorporator – if in the hands of a receiver, trust nted fiduciary by that fiduciary)	tee, or other court
app	David L. Wilkosz	
	(Typed or printed name of person signing)	
	Secretary, CFO	
	(Title of person signing)	