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| (Re | questor's Name) | | | | |
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COVER LETTER

Division of Corporations Quick moturs in C NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sharon Williamson
Name of Contact Person
QUICK MOTORS INC
Firm/ Company PO BOX 1738
Address QUICKMOTORSLOOK. COM E-mail address: (to be used for future annual report notification) 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 **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

| Quick c | NOTURS, IN | Gled with the Florida I | | | |
|--|---|--------------------------|------------------------|-------------------|-------|
| (Name of Corpor | ation as currently f | iled with the Florida I | Dept. of State) | | |
| <u> </u> | 92299 | | | | |
| (Doc | cument Number of C | Corporation (if known) | | | |
| · | | · | | | |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation: | nda Statutes, this <i>Fl</i> | orida Profit Corporatio | n adopts the following | lowing amendment(| s) to |
| A. If amending name, enter the new name of the | corporation: | | | | |
| | ٨ | 1/A | | The new | |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | orp," "Inc," or "Co he abbreviation "P. <mark>ble:</mark> | o". A professional cor | | he abbreviation | |
| (Timeiput office duaress prost be A STREET A | DDRESS) | ~ * ~ | | · | |
| C. Enter new mailing address, if applicable: | | | | B SEP 2 | |
| (Mailing address <u>MAY BE A POST OFFICE</u>) | BOX) | | | | |
| | | | | <u> </u> | |
| D. If amending the registered agent and/or registered agent and/or the new register | | s in Florida, enter the | name of the | ္ မ | |
| Name of New Registered Agent | N/A | | | | |
| | / | | | | |
| | (Florida street | address) | | | |
| New Registered Office Address: | | D. 1 | , Florida | CC . C . L) | |
| | (C | îty) | | (Zip Code) | |
| | | | | | |
| New Registered Agent's Signature, if changing B | | | | | |
| I hereby accept the appointment as registered agen | t. I am familiar wit | h and accept the obliga | tions of the posi | tion. | |
| | | | | | |
| | | | | | |
| Si | ignature of New Reg | istered Agent, if changi | ng | | |

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 Doc | |
|----------------------------|--------------|-------------------|---|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | P | Sharon Williamson | 118 Greenview Dr Winter HAVEN Fl35881 |
| Add Remove | | | F135681 |
| 2) Change Add | | - N/A | |
| Remove 3) Change Add | | NA | |
| Remove 4) Change Add | | _N/A | |
| Remove 5) Change Add | | _N/A | |
| Remove 6) Change | | NA | |
| Add Remove | | | |

| f amending or a Attach <i>additional</i> | Iding additional Ary sheets, if necessary). | ticles, enter chan (Be specific) | ge(s) here: | | | |
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| f an amendment | provides for an exc uplementing the am | hange, reclassific | ation, or cance | ellation of issued | shares, | |
| if not applic | able, indicate N/A) | enginent ii not co | mtamed in the | amenument risc | <u></u> | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------------|
| date this document was signed. | |
| Effective date if applicable: OCT 6, 2018 (no more than 90 days after amendment file date) | |
| (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 vidocument's effective date on the Department of State's records. | vill not be listed as the |
| 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 cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting 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. | |
| Dated9-19-18 | |
| Signature (By a director, 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) | |
| Sharon L. WILLIAMSON | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |
| (Title of person signing) | |