

VID643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL 30 PM 3:01

C. LEWIS  
AUG 11 2013  
EXAMINER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Comp-Auto Inc.

DOCUMENT NUMBER: V10643

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Moccio  
Name of Contact Person  
Comp Auto Inc  
Firm/ Company  
4990 S. Orange Ave.  
Address  
Orlando FL 32806  
City/ State and Zip Code  
smDAutomotive@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Moccio at ( 407 ) 859-0044  
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:

- ☐ \$35 Filing Fee      ☐ \$43.75 Filing Fee & Certificate 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  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 JUL 30 PM 3:01

Comp - Auto Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

V 10643

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

NA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." 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 **MUST BE A STREET ADDRESS**)

NA.

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

NA

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

NA

(Florida street address)

New Registered Office Address:

NA.

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA

Signature of New Registered 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 = 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                      PT      John Doe  
  
X Remove                      V      Mike Jones  
  
X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☒ Change

TS

Moccio John A

460 Harbour Island Rd  
Orlando FL 32809

☐ Add

☐ Remove

2) ☐ Change

S

Dambrowski Richard R

2220 Mc Michael Rd  
St Cloud FL 34771

☐ Add

☒ Remove

3) ☐ Change

VP

Lytus Rebecca

460 Harbour Island Rd  
Orlando FL 32809

☐ Add

☒ Remove

4) ☐ Change

VP

Cocking Craig

4013 Evander Dr.  
Orlando FL 32812

☐ Add

☒ Remove

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

*NA*

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

*NA*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

7/27/14

14 JUL 30 PM 3:01

, if other than the

Effective date if applicable: \_\_\_\_\_

2013

8/1/14

(no more than 90 days after amendment file date)

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)

☐ 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

7/28/14

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)

John Moccio

(Typed or printed name of person signing)

(Title of person signing)

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V10643

**Entity Name:** COMP-AUTO INC.

**Current Principal Place of Business:**

4990 S. ORANGE AVE.  
ORLANDO, FL 32806

**Current Mailing Address:**

4990 S. ORANGE AVE.  
ORLANDO, FL 32806 US

**FEI Number:** 59-3108844

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOCCIO, JOHN  
460 HARBOUR ISLAND RD  
ORLANDO, FL 32809 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name MOCCIO, JOHN A  
Address 460 HARBOUR ISLAND RD  
City-State-Zip: ORLANDO FL 32809

Title T  
Name MOCCIO, JOHN  
Address 460 HARBOUR ISLAND RD  
City-State-Zip: ORLANDO FL 32809

Title S  
Name DOMBROWSKI, RICHARD P.  
Address 2220 MCMICHAEL RD.  
City-State-Zip: ST CLOUD FL 34771

Title VP  
Name LYTUS, REBECCA  
Address 460 HARBOUR ISLAND RD  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name COCKINS, CRAIG  
Address 4013 EVANDER DR.  
City-State-Zip: ORLANDO FL 32812

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN MOCCIO

CEO

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached is a form for filing **Articles of Amendment** to amend the articles of incorporation of a **Florida Profit Corporation** pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at [www.sunbiz.org](http://www.sunbiz.org). You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable.  
The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

|   |  |
|---|--|
| <b>Filing Fee</b>                       | <b>\$35.00</b> (Includes a letter of acknowledgment) |
| <b>Certified Copy (optional)</b>        | <b>\$8.75</b>  |
| <b>Certificate of Status (optional)</b> | <b>\$8.75</b>  |

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address**  
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

For further information you may call the Amendment Section at (850) 245-6050



COVER LETTER

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Division of Corporations

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DOCUMENT NUMBER: V10643

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Firm/ Company  
4990 S. Orange Ave.  
Address  
Orlando FL 32806  
City/ State and Zip Code  
smAutomotive@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Moccio at (407) 859-0044  
Name of Contact Person Area Code & Daytime Telephone Number

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- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

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