

G-53475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

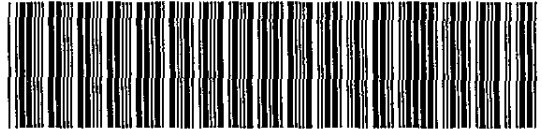
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000058995210

09/12/05--01033--007 **35.00

FILED
05 OCT -4 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FL 32399

R.A. Chang

G. Goulette Oct 04 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALTAMONTE SPRINGS TRANSMISSION SHOP INC
(Name of corporation) DBA TRANSCO TRANSMISSION

DOCUMENT NUMBER: GS3475

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MORA GODIN
(Name of contact person)

ALTAMONTE SPRINGS TRANSMISSION SHOP
(Firm/Company) DBA TRANSCO TRANSMISSION

440 N. HIGHWAY 434
(Address)

ALTAMONTE SPRINGS FLA 32714
(City/state and zip code)

For further information concerning this matter, please call:

MORA GODIN at (407) 869 0943
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 21, 2005

MORA GODIN
ALTAMONTE SPRINGS TRANSMISSION SHOPS, INC
440 N. HIGHWAY 434
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ALTAMONTE SPRINGS TRANSMISSION SHOPS, INC.
Ref. Number: G53475

We have received your document for ALTAMONTE SPRINGS TRANSMISSION SHOPS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can only have one registered agent. You will need to white out the name of Steve Bradham if Mora Godin is going to be the agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coufflette
Document Specialist

Letter Number: 805A00057803

RECEIVED
05 SEP 30 AM 8:00
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ALTAMONTE SPRINGS TRANSMISSION STOP INC.
2. The principal office address: 440 N HIGHWAY 434 ALTAMONTE SPRINGS FL 32714
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 8/3/83 Document number: G 53475

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CARROLL THOMPSON
3420 SO ORANGE AVE
ORLANDO FL 32806

FILED
05 OCT -4 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FL 32399

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MORA GODIN
(P.O. Box NOT acceptable)
440 N HIGHWAY 434
ALTAMONTE SPRINGS FL 32714

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: Mora Godin

Printed or typed name and title: MORA GODIN

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent: Mora Godin

Date: 9-7-05

If signing on behalf of an entity:
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314