FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J68277 (9)

ARMEN'S AUTO REPAIR, INC.

37 N.E. 1ST TERRACE
DEERFIELD BEACH FL 33441

37 N.E. 1ST TERRACE
DEERFIELD BEACH FL 33441

3. 04/20/1987

3a. 05/01/1994

4. FEI Number: 59-2803298

5. Certificate of Status (attach) ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation was initially subject to provisions of Florida Statutes ☐ yes ☐ no

9. Name and Address of Current Registered Agent

MELKONIAN, ARMEN
37 NE 1ST TERRACE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
MELKONIAN, ARMEN
2891 N.W. 28TH TERRACE
BOCA RATON FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I/We further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 12 or Block 13 with an address.

SIGNATURE: [signature] 5/5/95 305-944-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0265178 CP