

N 9 500 000 3491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

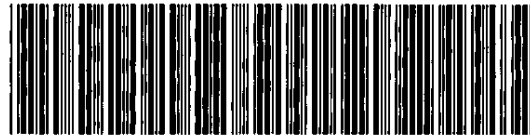
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2014

8/5/14

MICHAEL RENDINE
CIGAR CITY CHAPTER, INC.
6920 N. DALE MABRY HWY
TAMPA, FL 33614

SUBJECT: CIGAR CITY CHAPTER, INC.
Ref. Number: N95000003491

We have received your document 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please list the name and address of the new registered agent in section #6 of the document. Also, the document must be signed by an officer/director of the corporation.

The registered agent must sign accepting the designation.

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) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 014A00012157

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CIGAR CITY CHAPTER, INC.

Name of Corporation

DOCUMENT NUMBER: N95000003491

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:

MICHAEL RENDINE

Name of Contact Person

CIGAR CITY MOTORS, INC.

Firm/Company

6920 N. DALE MABRY HWY

Address

TAMPA, FL 33614

City/State and Zip Code

mrendine@ferman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL RENDINE

Name of Contact Person

at (813) 886-7433

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: CIGAR CITY CHAPTER, INC.
2. The principal office address: 6920 N. DALE MABRY HWY TAMPA, FL 33614
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/24/1995 Document number: N95000003491
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

PATRICK HUNT, G.M.
6920 N. Dale Mabry Hwy.
Tampa, FL 33614
P.O. Box NOT acceptable

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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: Carl Gilbert, Director

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: [Signature] Date: 8/2/14

If signing on behalf of an entity:

MICHAEL RENDINE PATRICK HUNT
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