

PO6 000102685

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AB AUTO DRIVING SCHOOL, INC
Name of Corporation

DOCUMENT NUMBER: PO6000102685

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:

SONIA GIL

Name of Contact Person

PRESIDENT

Firm/Company

21465 NW 2ND AVE

Address

MIAMI GARDENS FL 33169

City/State and Zip Code

HAROLDLOPEZ82@YAHOO.COM

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

For further information concerning this matter, please call:

HAROLD LOPEZ

Name of Contact Person

at (**305**) **2977361**

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: AB AUTO DRIVING SCHOOL, INC

2. The principal office address: 21465 NW 2ND AVE MIAMI FL 33169

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/07/2006 Document number: PO6000102685

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)

SONIA GIL 21465 NW 2ND AVE MIAMI GARDENS FL 33169

MARCO A LOPEZ 21465 NW 2ND AVE MIAMI GARDENS FL 33169

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

SONIA GIL 21465 NW 2ND AVE MIAMI GARDENS FL 33169

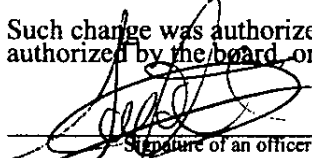
P.O. Box NOT acceptable

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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

SONIA GIL

Printed or typed name and title

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

Date

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