

P08000064218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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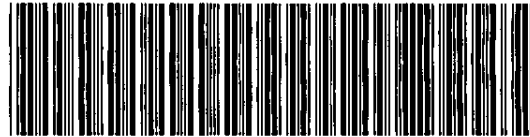
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WHEELS PERFORMANCE OF MIAMI INC  
Name of Corporation

**DOCUMENT NUMBER:** P08000004218

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:

RAFIC MUCI  
Name of Contact Person

WHEELS PERFORMANCE OF MIAMI, INC  
Firm/Company

2137 NW 20th STREET  
Address

MIAMI, FL 33142  
City/State and Zip Code

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

For further information concerning this matter, please call:

RAFIC MUCI at ( 305 ) 992 7522  
Name of Contact Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: WHEEL'S PERFORMANCE OF MIAMI INC

2. The principal office address: 2137 NW 20th Street  
MIAMI, FL 33142

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/03/08 Document number: P08000064218

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)

RESIGNED

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

RAFIC MUCI

2137 NW 20th Street

P.O. Box NOT acceptable

MIAMI, FL 33142

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

NORA MUCI, President

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

10/28/14

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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