

## Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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## REGISTERED AGENT CHANGE

BROWARD COLLISION WEST, INC.

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## 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, the undersigned corporation organized under the laws of the State of Florida Statutes, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:  6.50066666667.1508, or 617.1508, Florida Statutes, or 617.1508, or 617.1508, Florida Statutes, or 617.1508, or 617.1508, Florida Statutes, or 617.1508, or 617.1508, or 617.1508, Florida Statutes, or 617.1508, or 617.1508, Florida Statutes, or 617.1508, or 617.1508, or 617.1508, or 617.1508, or 617.1508, or 617.1508, Florida Statutes, or 617.1508, or 617.15	
2. The mailing address of the corporation: 10301 NW 50th Street, Bay 108, Suncise, FC 33351	
3. Date of incorporation/qualification: 2/22/96 Document number: P960000 16537	
4. The name and address of the current registered agent and office:	
James Petron	
10301 NW Soth Street Bay 108	
SUNTISE, FL 33351	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)	
Benjamin P. Shenkman Esq.	
4400 N. Federal Highway. St. 210-5	
BOCA KATON FZ 33Y3	
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.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Cary Petron President (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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.	
If signing on behalf of the entity:	
(Typed of Printed Name) (Capacity)	
* * * FILING FEE: \$35,00 * * *	

P.O. Box 6327

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