

P/2000084218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

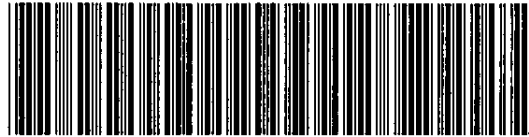
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300242251193

12/05/12--01004--012 **35.00

2012 DEC -5 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

No Change

DEC 5 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wholesale Auto Advisors

Name of Corporation

DOCUMENT NUMBER: P12000084218

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:

James T. Rafter

Name of Contact Person

Wholesale Auto Advisors Inc.

Firm/Company

1504 Max Hooks Road Suite F

Address

Groveland / Florida / 34736

City/State and Zip Code

jamesrafter60@gmail.com

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

For further information concerning this matter, please call:

James T. Rafter

Name of Contact Person

at (321) 689 8725

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: Wholesale Auto Advisors Inc.
2. The principal office address: 1504 Max Hooks Road Suite F
Groveland Florida 34736
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/04/2012 Document number: P12000084218
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)

1504 Max Hooks Road

Groveland Florida

34736

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

1504 Max Hooks Road Suite F

Groveland Florida

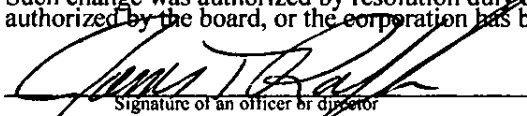
P.O. Box NOT acceptable

34736

2012 DEC -5 PM 3:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

James T. Rafter / 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

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
CR2E045 (03/12)