JACKSOF	NVILLE BCH, FL 3	2250 US		
FEI Numb	per: 59-3422926			Certificate of Status Desired
Name and	d Address of Curr	ent Registered Agent:		
MATTHEWS 60 W 8TH S ATLANTIC E	,			
The above na	med entity submits this sta	tement for the purpose of changing its registere	d office or reg	gistered agent, or both, in the State of Florida.
SIGNATU	RE:			
	Electronic Signa	ure of Registered Agent		
Officer/Di	irector Detail :			
Title	D	ті	tle	П

Title	D	Title	D
Name	MATTHEWS, CHARLES W	Name	MATTHEWS, CAROL S
Address	823 PATRICIA LN	Address	823 PATRICIA LN
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL S. MATTHEWS

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003515

Entity Name: BEACHES AUTO REPAIR, INC.

Current Principal Place of Business:

60 W 8TH ST ATLANTIC BEACH, FL 32233

Current Mailing Address:

823 PATRICIA LN JACKSONVILLE BCH FL 32250 US

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Ν

FILED Jan 12, 2015 **Secretary of State** CC2749580829

Date

of Status Desired: No

VICE PRESIDENT

01/12/2015

Date