135670

(Re	equestor's Name)			
(Ac	ddress)	<u> </u>		
•	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	·	ŕ		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

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Why has

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: Key Scales Ford Inc Name of Corporation			
	Name of Corporation			
DOC	MENT NUMBER: 135670			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
Brett Scales Name of Contact Person				
	Name of Contact Person			
Key Scales Ford Inc				
	Firm/Company			
	•			
	PO Box 157			
	Address			
Weirsdale Florida 32195-0157				
	Weirsdale Florida 32195-0157 City/State and Zip Code			
Protts @gongolving.com				
BrettS@gspacking.com E-mail address: (to be used for future annual report notification)				
	•			
For fu	ther information concerning this matter, please call:			
	Brett Scales 31 352 3 821-2251 x5201			
	Brett Scales at (352) 821-2251 x5201 Name of Contact Person Area Code & Daytime Telephone Number			
Enclos	ed is a \$35.00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Street Address: Amendment Section			
	Amendment Section Amendment Section Division of Corporations Division of Corporations			
	Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of \overline{F} er to change its registered office or registered agent, or both, in the State of Flo	lorida
	the way Scales Ford Inc	
	1710 Citrus Plud	-
	Florida 04740	
	Florida 34748	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 2/15/8/8 Document number:	135670
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	ı the
	D D Lukich	
	1412 Mosswood Drive	
	Leesburg Florida 34748	initial State C.C.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	
	Brett G Scales	
	16600 S Hwy 25 P.O. Box NOT acceptable	S FEE
		9: 5 0积间
	Weirsdale Florida 32195	≨ O
The street addr	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so
Harry Signati	Harriet C Scales, Pre	
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comply with the proper and completed I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change.	plete performance agent. Or, if this confirm that the
BIA	mature of Registered Agent 12/31/09	
If signing on be	chalf of an entity:	
т	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *