150095

(Re	equestor's Name)				
(Address)						
(Ad	ldress)					
(Cit	ty/State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



900068183499

HONDER HILDER OF THE STATE OF

FILED

06 MAR 21 PH 2: 39

SECRETARY OF STATE TALLAHASSEE FLORIDA

No

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MICHAEL AUTO PARTS INCORPORATED							
	(Name of Corporation)						
DOCUMENT NUMBER:	15669	5					
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:							
	Jill Probst						
	(Name of Contact Person)						
(Name of Contact Person)							
National Service Information, Inc							
	(Firm/Company	<i>y</i>)					
	145 Baker S	St					
(Address)							
	Marion, Oh 433						
	(City/State and Zip (Code)					
For further information concerning this matter, please call:							
Jill Pro	bst at (740) 387-6806 x110					
(Name of Cont	act Person) (740) 387-6806 x110 Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailir	ng Address: adment Section	Street Address: Amendment Section					
	ion of Corporations	Division of Corporations					
	Box 6327	Clifton Building					
	nassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

_			7.1508, or 617.1508, Flow Sunder the laws of the State			
•	-	-	agent, or both, in the State			
1. The name of the	The name of the corporation: MICHAEL AUTO PARTS INCORPORATED					
2. The principal of	. The principal office address: 1301 SOUTH ORANGE BLOSSOM TRAIL					
		ORLANDO	FL 32805			
3. The mailing ac	ldress (if different):					
4. Date of incorp	oration/qualification;	01/01/1949	Document number:	156695		
5. The name and Florida Depart		rent registered agent	and registered office on fi	le with the		
	s	TONE,STEPHI	EN M	是 五		
		725 N. MAGNO	DLIA	HASSING NEW YORK THE REAL PROPERTY OF THE REAL PROP		
		ORLANDO FL 3	2803			
6. The name and (if changed):	street address of the nev	v registered agent (if	changed) and /or registere	ed office CARIOA		
	Nation	al Registered /	Agents, Inc.			
2731 Executive Park Drive, Suite 4						
(P.O. Box NOT acceptable)						
		Weston, FL 3		 _		
			ess of the business office			
Such change was authorized by the	s authorized by resolution board, or the corporat	on duly adopted by ion has been notified	its board of directors or b I in writing of the change	by an officer so e.		
Walter Signatur	e of an officer or director)	<u> </u>	Certified or typed name	Secretary		
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as regi o comply with the provid I I am familiar with and ig filed merely to reflect been notified in writing	stered agent and ag sions of all statutes i l accept the obligati t a change in the reg of this change.	ree to act in this capacity relative to the proper and on of my position as regi istered office address, I	v, d complete performance stered agent. Or, if this hereby confirm that the		
melody J.	nature of Registered Agent)	1 Becutary _	3-8-0 (Date)	<u>(</u>		
Usigning on beh		đ	(Date)			
0 0		erotan.				
	man, Assistant Sec ped or Printed Name)	oretar y				
* * * 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 (8/05)