156695

(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:







900074197339

05/09/06--01030--002 **35.00

FILED

OGNAY 10 ANIO 00

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MICHAEL AUTO PARTS INCORPORATED (Name of Corporation)							
DOCUMENT NUM	MBER:156695						
The enclosed Staten	nent 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)						
National Service Information, Inc (Firm/Company)							
_	145 Baker St						
-	(Address)						
Marion, Oh 43302 (City/State and Zip Code)							
For further informat	tion concerning this matter, please call:						
(Nar	Jill Probst at (740) 387-6806 x110 ne of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed is a \$35.00	0 check made payable to the Department of State.						

Mailing Address: Amendment Section

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.

statement of change	rovisions of sections 607.050 ge is submitted for a corpora to change its registered offic	ition organized under t	he laws of the State of $_$	FL			
1. The name of the	e corporation:		PARTS INCORPOR				
2. The principal office address: 1301 SOUTH ORANGE BLOSSOM TRAIL							
		ORLANDO FL 32	100E				
3. The mailing ad	dress (if different):		<u> </u>				
4. Date of incorpo	oration/qualification: 0	1/01/1949 Docur	ment number:	156695			
5. The name and s Florida Departs	street address of the current renert of State:	egistered agent and reg	istered office on file with	n the			
_	STO	NE,STEPHEN M	l	7 8			
725 N. MAGNOLIA 至 五							
_	OR	LANDO FL 32803		ASSE ASSE			
STONE, STEPHEN M. 725 N. MAGNOLIA ORLANDO FL 32803 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
-	NRAI	Services,	Inc	DA			
_	2731 Executive Park Drive, Suite 4						
	(P.O. Box NOT acceptable) Weston, FL 33331						
-	 _						
The street address as changed will be	ss of its registered office and be identical.	d the street address of	the business office of its	s registered agent,			
Such change was authorized by the	s authorized by resolution de board, or the corporation l	uly adopted by its boa has been notified in wi	rd of directors or by an riting of the change.	officer so			
Walts (Signatur	f, famley e of an officer or director)		Cr P. Hanky (Printed or typed name and to	•			
I hereby accept to a further agree to of my duties, and document is bein corporation has	the appointment as register o comply with the provision I I am familiar with and acc og filed merely to reflect a c been notified in writing of t	ed agent and agree to s of all statutes relativ sept the obligation of th hange in the registered his change.	act in this capacity, e to the proper and com ny position as registered d office address, I hereb	plete performance I agent. Or, if this y confirm that the			
Melody to	nature of Registered Agent)	ecutary	H-H-D6 (Date)				
If signing on bel	nalf of an entity:						
	man, Assistant Secret	ary					
* * * 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)