

312631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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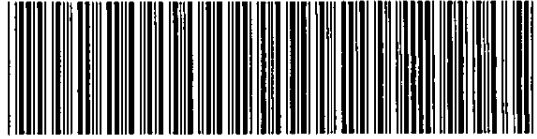
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tri-States Automotive Warehouse, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 312631

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:

Kelly Connolly  
Name of Contact Person

Tri-States Automotive Warehouse, Inc.  
Firm/Company

PO BOX 5838  
Address

Marianna, FL 32447  
City/State and Zip Code

kconnolly@tristatesauto.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Connolly at ( 850 ) 526-2331  
Name of Contact Person 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: Tri-States Automotive Warehouse, Inc.

2. The principal office address: 3966 Old Cottondale Rd, Marianna FL 32448

3. The mailing address (if different): PO BOX 5838, Marianna FL 32447

4. Date of incorporation/qualification: 01/06/1967 Document number: 312631

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)

Elizabeth Spence

5134 Old Cottondale Rd

Marianna, FL 32446

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

Kelly Connolly

4528 Red Oak Trace

P.O. Box NOT acceptable

Marianna, FL 32446

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 authorized by the board, or the corporation has been notified in writing of the change.

William Stevens

Signature of an officer or director

William Stevens, 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.*

Elizabeth H. Spence

Signature of Registered Agent

11-7-2016

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