363824

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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
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A THE PARAMATINE FLORIDA



CORPORATION SERVICE COMPANY

	ACCOUNT NO.	:	0721000000	32
	REFERENCE	:	247637	7476505
	AUTHORIZATION	:	Patricie	Pinit .
	COST LIMIT	:	\$ 35.00	
ORDER DATE	: March 9, 2005	•		
ORDER TIME	: 10:52 AM			
ORDER NO.	: 247637-035			
CUSTOMER NO	D: 7476505			
CUSTOMER :	Mr. J. Kemp Brinson Straughn, Straughn & Po Box 2295	i Ti	ırner,	
	Winter Haven, FL 33	883	3-2295	

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CHANGE OF AGENT

NAME: COMCAR HOLDINGS, INC.

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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 PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

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

1. The name of the corporation: <u>COMCAR HOLDINGS</u>, INC.

2. The principal office address: 502 E. Bridgers Avenue, Auburndale, FL 33823

3. The mailing address (if different): P.O. Drawer 67, Auburndale, FL 33823

4. Date of incorporation/qualification: 05/08/1970 Document number: 363824

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Milton E. Jacobs

502 E. Bridgers Avenue

Auburndale, FL 33823

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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

(Signature of a officer or director

MILTON E JACOBS SECU Printed or typed name and

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.

poration Service Company Cd Bγ ignati

If signing on behalf of an entity:

Jennifer A. Geldof, Asst. VP

(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