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RECEIVED 03 0 CT - 1 PM 3: 35	To: Division of Corporations Fax Number : (\$50)205-0380 From: Account Name : BARNETT, BOLT, KIRKWOOD & LONG Account Number : 072731001155 Phone : (\$13)253-2020 Fax Number : (\$13)251-6711 REGISTERED AGENT CHANGE CENTRAL FLORIDA EUROCARS, INC. Certificate of Status 0 Certificate of Cert	2003 OCT -1 PM 4:09
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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: Central Florida Eurocars, Inc.

2. The principal office address: 325 S. Lake Parker Avenue

Lakeland, FL 33801

3. The mailing address (if different): same

Э/1**/76** 4. Date of incorporation/qualification: _

Document number: 497722

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

Robert G. Waters	003	AS:
325 S. Lake Parker Avenue	OCT	IONE L
Lakeland, FL 33801	1	FCO
		꽃유디

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

Steven A. Uiterwyk

325 S. Lake Parker Avenue

(P.O. Box or personal mailbox NOT acceptable)

Lakeland, FL 33801

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 toard, or the corporation has been notified in writing of the change.

(Signature of an officer, charman or vice chanman of the board)	
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Steven A. Uiterwyk, President (Printed or typed name and title)

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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 duites, 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. Leareby confirm that the corporation has been notified in writing of this change.

(Signuture of Registered Agent)

If signing on behalf of an entity:

(Typed or Frinted Name)

(Capacity)

(Date)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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