## 550059

(ке	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
•		•
(Do:	cument Number)	
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Certified Copies	_ Certificates	or Status
Special Instructions to I	Filing Officer:	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORID

PACH9

## **COVER LETTER**

Division of Corporations
SUBJECT: JIN SONS Anto Body - Paint (Name of Corporation) Shop, II
DOCUMENT NUMBER: 550059
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:
Todd Saghella (Name of Contact Person)
UIN SONS Auto Body: Paint (Firm/Company) Shop, Fr
434 NW SIL AND
(Address)
Fort Landendal, fc (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 525-8629  (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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	nge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: UIN SON'S Auto Body + Paint Ste
2. The principal	office address: 737 NW 872 Aug Th
· · ·	fort landerdale florida
3. The mailing a	ddress (if different): SIUI
	1.1-1.70 CC0050
4. Date of incorp	poration/qualification: 1025 77 Document number: 550059
	street address of the current registered agent and registered office on file with the tment of State:
	Vincent Sashella Pag
	+3+ NIII XL AID 題色型
	- 1000 O 1 7000 N
	- fort landerdale, FL Fig 3
6. The name and	street address of the new registered agent (if changed) and /or registered office
(if changed):	street address of the new registered agent (it changed) and for registered office
	Told Sachella
	1102 Novem 13 h Aug
	100 L 1000 ( ) 1 / 100 .
	Holly wood, FL
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
	Todd Sagnella
Signatur	e of an officer of director) (Printed or typed name and title)
I hereby accept t	the appointment as registered agent and agree to act in this capacity.
of my duties, and	I comply with the provisions of all statutes relative to the proper and complete performance I I am familiar with and accept the obligation of my position as registered agent. Or, if this
corporation has	o comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
5	Ani 1 29 7005
(Sigi	nature of Registered Agent) (Date)
If signing on bel	nalf of an entity:
	/ped 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 CR2E045 (8/05)