815317

(Re	equestor's Name)	
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(Ac	ldress)	CHI
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Dadeland Dodge, Inc.

Name of Corporation

DOCUMENT NUMBER:

.815317

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:

Kenneth L. Paretti, Esquire

Name of Contact Person

Quinton & Paretti, P.A.

Firm/Company

1 SE 3rd Avenue, Suite 1405

Address

Miami, Florida 33131

City/State and Zip Code

kparetti@quintonparetti.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth L. Paretti, Esquire

_{ar} 305 \ 358-272

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rockange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Dadeland Dodge, Inc. office address: 16501 S. Dixie Highway, Miami, Florida 33157
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 06/03/1961 Document number: 815317
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Kenneth L. Paretti, Esquire
	80 SW 8th Street, Suite 2150
	Miami,Florida 33130
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Kenneth L. Paretti, Esquire
	1 SE 3rd Avenue, Suite 1405
	P.O. Box NOT acceptable Miami, Florida 33131
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
	James Rivchin
~ /~ / · /	the appointment as registered agent and agree to act in this capacity. the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties and I am familiar with and accept the obligation of my position as registered is document to being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	Nature of Registered Agent
$I \cup I \cap X$	half of an entity:
9 7 1 1	Paretti/ Esquire yped 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 (03/12)