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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: HOLLYWOOD CHRYSLER PLYMOUTH, INC. Name of Corporation DOCUMENT NUMBER: 815918 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: Abbigail Webb Name of Contact Person ACMGMT, LLC Firm/Company 5875 NW 163rd Street, Ste 105 Address Miami Lakes, FL 33014 City/State and Zip Code abbigail@dodgemiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

at (305) 779-9160 Area Code & Daytime Telephone Number

CR2E045 (04/13)

Abbigail Webb

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

statement of cha	nge is submitted for a corporatior	517.0502, 607.1508 , or 617.1508 , Florida Status in organized under the laws of the State o, $\frac{1}{1000}$ is rregistered agent, or both, in the State of Florid	<u> </u>
1. The name of t	he corporation: HOLLYWOOD C	CHRYSLER PLYMOUTH, INC.	
		T., STE. 104, MIAMI LAKES, FL 33014	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 01/12/1962	Document number: 815918	<u>,, , , , , , , , , , , , , , , , , , ,</u>
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	e
	HATIC, HAAS AESQ	ي ا	202
	200 E BROWARD BLVD, 15TH I	FLOOR	FORETARY SECRETARY
	FORT LAUDERDALE, FL 33301		<u> </u>
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off		PM 1: 52
	Abbigail Webb		7 10
	5875 NW 163rd Street, Ste 105		
		P.O. Box NOT acceptable	
	Miami Lakes, FL 33014		
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its reg	istered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officeen notified in writing of the change.	er so
		Ali Ahmed, President	
Signature of an officer or director		Printed or typed name and title	
I further agree to of my duties, and document is bein corporation has	o comply with the provisions of a I I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age te in the registered office address, I hereby con thange.	e performance ent. Or, if this nfirm that the
abb	igail Well	01/05/2021	
Signature of Registered Agent		Date	
If signing on bel	nalf of an entity:		
Ту	ped or Printed Name	-	

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

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