

F15 00000 2942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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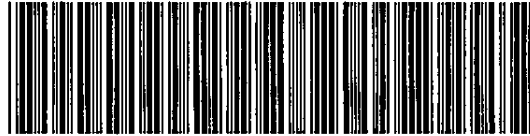
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JAN 07 2016
C. CARROLLERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AutoBase Inc.
Name of Corporation

DOCUMENT NUMBER: F15000002942

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:

Donna LaBella, President
Name of Contact Person

AutoBase Inc.
Firm/Company

104 Morris Lane
Address

Massapequa Park, NY 11762
City/State and Zip Code

donna@autobasecorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna LaBella at 877 642-5780
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

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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AutoBase Inc.
2. The principal office address: 104 Morris Lane, Massapequa Park, NY 11762
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 07/06/2015 Document number: F15000002942
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jonathan Wilkes

145 Cunningham Avenue

St Augustine, FL 32084

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

Jonathan Wilkes

1077 Sunday Road

P.O. Box NOT acceptable

Chipley, FL 32428

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 an officer or director

Donna LaBella, President

Printed or typed name and title

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.



Signature of Registered Agent

12/20/2015

Date

If signing on behalf of an entity:

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

CR2E045 (03/12)

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TALLAHASSEE, FLORIDA

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