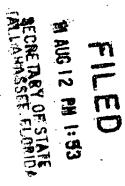
F84009

Office Use Only



600210825776

08/12/11--01024--003 **35.00



RAChange 8/15/11



COVER LETTER

Division of Corporations					
Falls Anda Ball in BBA F W. A. L. O. L.					
SUBJECT: Fetta Auto Body, inc DBA Fetta Auto Sales Name of Corporation					
Name of Corporation					
DOCUMENT NUMBER: f84009					
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:					
Larry Fetta					
Larry Fetta Name of Contact Person					
Fetta Auto Sales					
Firm/Company					
601 north dixie hwy					
601 north dixie hwy. Address					
·					
Pompono Bosch Elerido 22060					
Pompano Beach Florida 33060 City/State and Zip Code					
larry71997@yahoo.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Larry Fetta at (954) 696-9279 Name of Contact Person Area Code & Daytime Telephone Number					
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 Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

Amendment Section

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

statement of cha	nge is submitted for a c	orporation organize	607.1508, or 617.1508, Flori d under the laws of the State d agent, or both, in the State	of_Florida
	he corporation: Fetta			
2. The principal	office address: 2681 I	Hammondville R	oad Pompano Beach F	lorida 33069
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: _	06-04-1982	Document number:	f84009
	street address of the cu trnent of State: (If resig		nt and registered office on file	e with the
	Larry Fetta			
	2681 Hammondvi	lle Road		
	Pompano Beach I	Florida 33069		
6. The name and (if changed):	street address of the ne	ew registered agent (i	if changed) and /or registered	office As
	601 North Dixie H	WY.		
	Pompano Beach I	Florida 33060 P.O. Box NOT ac	contable	
		1.0. box nor ac	epuot	75 25
The street addre	ess of its registered offi be identical.	ce and the street add	dress of the business office	of its registered agent,
Such change wa authorized by th	is authorized by resolute board, or the corpora	tion duly adopted bation has been notification	y its board of directors or by ied in writing of the change.	an officer so
Signatur	e of an officer or director		Larry FEtta Pr	
l hereby accept	the appointment as rec	gistered agent and a visions of all statute nd accept the obliga oct a change in the r ng of this change.	ngree to act in this capacity, s relative to the proper and tion of my position as regist egistered office address, I h	
	18		08-09-20	11
If signing on be	half of an entity:		Date	
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 CR2E045 (8/05)

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