## F93000005399

| (Re                       | questor's Name)    |             |
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| PICK-UP                   | ☐ WAIT             | MAIL        |
|                           |                    |             |
| (Bu                       | siness Entity Nar  | me)         |
|                           |                    |             |
| (Do                       | cument Number)     |             |
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|                           |                    |             |
| Certified Copies          | _ Certificates     | s of Status |
|                           |                    |             |
| Special Instructions to I | Filing Officer:    |             |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: MIAMI LAKES PONTIAC, INC.   |  |  |  |  |
| (Name of corporation)  |  |  |  |  |
| DOCUMENT NUMBER: F93000005399  |  |  |  |  |
| 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:  |  |  |  |  |
| Jeffrey P. Wasserman (Name of person)  |  |  |  |  |
| Shapiro, Blasi & Wasserman, P.A. (Name of firm/company)  |  |  |  |  |
| 7777 Glades Road, Suite 110 (Address)  |  |  |  |  |
| Boca Raton, FL 33434,  (City/state and zip code)   |  |  |  |  |
| 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  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |  |  |  |  |

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

| this statement o   | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State of   |   |
|--|---|---|
| Florida<br>of Florida.   | in order to change its registered office or registered agent, or both, in the State   |   |
| o <i>j Pioriaa.</i><br>1. The name of  | the corporation: Miami Lakes Pontiac, Inc.  |   |
|  | l office address: 6100 Northwest 16th Street  |   |
| z. The principal   | Miami Lakes, FL 33014   |   |
|  | 50%   | - |
| 3. The mailing   | address (if different):   | 1 |
|  | rporation/qualification: 11/29/1993 Document number: F9300005399  | J |
|  | nd street address of the current registered agent and registered office on file with the artment of State:  |   |
|  | Jeffrey <b>D.</b> Wasserman   |   |
|  | 4000 Hollywood Boulevard, suite 710N  |   |
|  | Hollywood, FL 33021   |   |
| 6. The name a changed):  | and street address of the new registered agent (if changed) and /or registered office (if  Jeffrey D. Wasserman   |   |
|  | 7777 Glades Road, Suite 110 (P.O. Box or personal manbox NOT acceptable)  |   |
| i i  | Boca Raton, FL 33434  |   |
| agent, as chang  | ress of its registered office and the street address of the business office of its registered ged will be identical.  |   |
| Such change washindrized by  | vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.   |   |
| (Signature of an office  | THE VOK G. J. Leve / Presiden  (Printed or typed name and title)  | + |
| I hereby accep<br>I further agree<br>performance o<br>registered age<br>office affaress, | of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete  If my duties, and I am familiar with and accept the obligation of my position as  If this document is being filed merely to reflect a change in the registered  I hereby confirm that the corporation has been notified in writing of this change. |   |
| IN.  | (Signature of Registered Agent) (Date)  |   |
| If signing on beha   | (2.1)   |   |
|  |   |   |
|  | (Typed or Printed Name) (Capacity)  |   |

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