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COVER LETTER

Division of Corporati	ons		•
SUBJECT:	SpeedSource	e, Inc.	
	Name of Cor	poration	
DOCUMENT NUMBER:_	F950	00002515	
The enclosed Statement of Ch	ange of Registered Office/	Agent and fee are submi	tted for filing.
Please return all corresponder	nce concerning this matter t	o the following:	
	Sylvain Tr Name of Cont	emblay	
	Name of Cont	act reison	
	Firm/Con	npany	
<u> </u>	4150 NW 120		
	Addre	ess	
	Coral Springs	, FL 33065 Zip Code	
	City/State and	Zip Code	
	stremblay@speeds	sourceinc.com	
E-mail ac	ldress: (to be used for fut	ure annual report notif	ication)
For further information conce	ming this matter, please ca	11:	
Evelyn W	altemath	at (954)	578-7071
Name of Cont	act Person	at (<u>954</u>) Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 check m	ade payable to the Departm	nent of State.	
Mail Ame	ing Address:	Street Address: Amendment So	ection
	sion of Corporations	Division of Co	
P.O.	Box 6327	Clifton Buildin	
Talla	hassee, FL 32314	2661 Executiv Tallahassee, F	e Center Circle L 32301

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

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o er to change its registered office or r	organized	under the laws of the	State of F	lorida	
			ageni, or boin, in ine	siale of Fi	oriau.	
	the corporation: <u>SpeedSource</u> office address: <u>4150 NW 120th</u>		Coral Springs	FI 3306	5	
2. The principal	office address: 4100 ftv 120th	71101100	, coral opinigo,			
3. The mailing a	address (if different): 4150 NW 12	20th Ave	enue, Coral Sprir	ngs, FL. 3	33065	
4. Date of incor	poration/qualification: 5/23/1	995	Document number:	F9	950000025	15
	d street address of the current registertment of State: (If resigned, enter re	_	and registered office	on file witl	h the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Sylvain Tremblay					`\$,
	10870 NW 52nd Street			٠ • • • • • • • • • • • • • • • • • • •	و : د د	
٢	Sunrise, FL. 33351				7 8	2
6. The name and (if changed):	d street address of the new registered	d agent (if	changed) and /or reg	istered offic	ce Francis	NO M
	Sylvain Tremblay				15 C	5
	4150 NW 120th Avenue					
	Coral Springs, FL. 33065	lox NOT acce				
The street address changed with	ess of its registered office and the s besidentical.	street addi	ress of the business of	office of its	s registered ag	gent,
Such change want for ized by i	s authorized by resolution duly ad he board, or the corporation has be	dopted by en notifie	its board of director d in writing of the cl	s or by an hange.	officer so	
Signatu	re or an officer or director	•==	Sylvain Tren	nblay / Pi	resident ^{le}	_
I hereby accept I further agree of my duties, ar document is be corporation ha	the appentment as registered age to comply with the provisions of al at Fam familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and ag ll statutes le obligati e in the reg lange.	ree to act in this cap relative to the prope ion of my position as gistered office addre	pacity. er and com eregistered ess, I hereb	plete perform l agent. Or, i y confirm tha	ance f this t the
+/-			1 1	1/7/11		
	nature of Registered Agent	_	Da	ite		_
If signing on be	chalf of an entity.					
-	Vend on Primed Name					
1	'yped or Printed Name					

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