



F99000006342

ACCOUNT NO. : 072100000032

REFERENCE : 857759 5123330

AUTHORIZATION :

Patricia Piggot

COST LIMIT : \$ 35.00

ORDER DATE : October 9, 2000

ORDER TIME : 9:58 AM

ORDER NO. : 857759-060

CUSTOMER NO: 5123330

CUSTOMER: Ms. Joan Como
Cox Enterprises, Inc
1400 Lake Hearn Drive
Atlanta, GA 30319

500003420825--1

CHANGE OF AGENT

NAME: ADT AUTOMOTIVE PAINTLESS DENT
REPAIR, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

FILED
00 OCT 10 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Change

RECEIVED
00 OCT 10 PM 1:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Ree
10/11/00

**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,
the undersigned corporation organized under the laws of the State of DELAWARE
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: ADT AUTOMOTIVE PAINTLESS DENT REPAIR, INC.
2. The mailing address of the corporation is: _____
3. Date of incorporation/qualification: DELAWARE Document number: F99000006342
4. The name and address of the current registered agent and office:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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00 OCT 10 PM 3:38
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

10/6/00
(Date)

ANDREW A. MERDEK, SECRETARY
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated
corporation, 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.*

By: Deborah D. Skippe
(Signature of Registered Agent)

10-9-00
(Date)

If signing on behalf of an entity:

Deborah D. Skippe
Asst. Secretary

(Capacity)

(Typed or Printed Name)

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