

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone : (954)525-7500

Fax Number

: (954)761-8475

R. WHITE

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:_

REGISTERED AGENT CHANGE JCM AUTO CO.

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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 FLORIDA In order to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of the corporation: J C M AUTO CO.	
2. The principal office address: c/o GUNTHER MOTOR COMPANY OF PLANTATION 1660 S STATE ROAD 7, FORT LAUDERDALE, FL 33317	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/29/1983 Document number: G71651	
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)	
PETER HERMAN	
110 TOWER, 15th FL, 110 SE 6th STREET	
FORT LAUDERDALE, FL 33301	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
GREGORY A. McLAUGHLIN, ESQ.	
c/o TRIPP SCOTT, P.A., 110 SE 6th ST, 15th FL	
P.O. Box NOT acceptable FORT LAUDERDALE, FL 33301	
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.	
Joseph F. Gunther, III, Vice Pres.	
I hereby except 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.	
August 19, 2016 Signature of Rogaliand Agent	
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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