

J98873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Change

12/17/12--01013--007 **35.00

FILED
2012 DEC 17 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
12/17/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH PORT TIRE INC.

Name of Corporation

DOCUMENT NUMBER: J98873

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 C. Pinder

Name of Contact Person

North Port Tire, Inc.

Firm/Company

59 N Tamiami Trail

Address

Port Charlotte, FL 33953

City/State and Zip Code

annvirginia@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry C. Pinder

Name of Contact Person

at (941) 743-2777

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NORTH PORT TIRE INC.
2. The principal office address: 59 N. TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/25/1987 Document number: J98873
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)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LARRY C. PINDER

59 N. TAMIAMI TRAIL

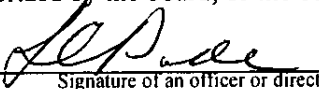
P.O. Box NOT acceptable

PORT CHARLOTTE, FL 33953

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SECRETARY OF STATE

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.


Signature of an officer or director

LARRY C. PINDER - PRES.

Printed or typed name and title

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. 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.


Signature of Registered Agent

12-11 - 2012

Date

If signing on behalf of an entity:

LARRY C. PINDER

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