

## 0668

ACCOUNT NO. : 072100000032

REFERENCE : 273167

4727166

900002098109--9 -02/26/97--0011--008

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: February 25, 1997

ORDER TIME : 4:51 PM

ORDER NO. : 273167

CUSTOMER NO: 4727166

CUSTOMER: Eliot J. Safer, Esq.

Tromberg Shore Harrison &

Suite 100

3974 Woodcock Drive

Jacksonville, FL 32207

CHANGE OF AGENT

NAME:

NORTHSIDE DODGE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Christopher Smith

Florida Department of State, Jim Smith, Secretary of State

## 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 Florida submits the following statements of Florida submits submits the following statements of Florida submits	ent in order to change its registered office
or registered agent, or both, in the State of Flo	orida.
1a. The name of the corporation is: Norths	side Dodge, Inc.
1b. Date of incorporation Dec. 14, 198	
2. The name and address of the current reg	
Brent D. Shor	
3974 Woodcock Drive, #100,	Jacksonville, FL 32207
3. The name and address of the new register (P.O. Box Not Acceptable)	Jacksonville, FL 32207 Property and office:
Eliot J. Safe	er
3974 Woodcock Drive, #100,	Jacksonville, FL 32207
The street address of its registered agent and of its registered agent as changed will be idea	d the street address of the business office ntical.
Such change was authorized by resolution do an officer so authorized by the board.	·
TOWWILL LOUR.	Howard Rock, President
SIGNATURE	Typed or printed name and title
DATE	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE

DATE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7.91)

FILING FEE: \$35.00