

K 12685

Requester's Name

Superior Automotive Management Services, Inc.
3135 Tala Loop
Longwood, FL 32779

City/State/Zip:

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 900003262639--3
-05/22/00--01152--009
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 MAY 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

**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 Florida 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: Superior Automotive Management Services, Inc.

2. The mailing address of the corporation is: 3135 Tala Loop
Longwood, FL 32779

3. Date of incorporation/qualification: 1/20/88 Document number: K12685

4. The name and address of the current registered agent and office:

Samuel G. Swope
703 Cricklewood Terrace
Heathrow, FL 32746

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

Samuel G. Swope
3135 Tala Loop
Longwood, FL 32779

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.

Samuel G. Swope, Chairman
(Signature of an officer, chairman or vice chairman of the board)

May 11, 2000
(Date)

Samuel G. Swope, Chairman
(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.

Samuel G. Swope
(Signature of Registered Agent)

May 11, 2000
(Date)

If signing on behalf of an entity:

Samuel G. Swope Chairman
(Typed or Printed Name) (Capacity)

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

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

00 MAY 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED