

K91319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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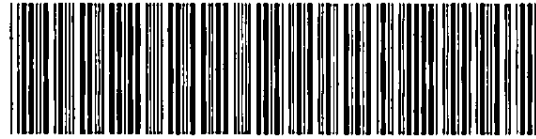
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: All European Auto Repair, Inc.
Name of Corporation

DOCUMENT NUMBER: K91519

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:

Juliette Aouadi Lowe

Name of Contact Person

Firm/Company

1868 SE Harrison St.

Address

Stuart, FL 34997

City/State and Zip Code

Aouadilittle@aol.com

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

For further information concerning this matter, please call:

Juliette Aouadi Lowe

Name of Contact Person

at (561) 401-1156

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

1. The name of the corporation: ALL EUROPEAN AUTO REPAIRS, INC.
2. The principal office address: 1350 Alternate A1A, JUPITER FL 33469
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/01/1995 Document number: K91519
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)

PATRICIA AOUADI
1350 Alternate A1A
JUPITER, FL 33469

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

JULIETTE A LOWE
1868 SE Harrison St.
P.O. Box NOT acceptable
Stuart, FL 34997

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.

Kristine Corrado Fischetti KRISTINE A. FISCHETTI
Signature of an officer or director 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.

Juliette A Lowe
Signature of Registered Agent

10/15/17

Date

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