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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hillsboro Auto Repair, LLC (Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Herschel Gavsie, Esq. (Name of Person)	
Greenspoon Marder, P.A. (Firm/Company)	- The state of th
100 West Cypress Creek Rd., Ste. 7	700
(Address)	
Ft. Lauderdale, FL 33309	<u>.</u>
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Herschel Gavsie, Esq. at	1 (954) 491-1120
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: Hillsboro Auto Repair, LLC 2. The mailing address of the limited liability company is: 160 East Hillsboro Blvd., Deerfield Beach, FL 33441 L06000064364 06/26/2006 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Etkin, Brett Name 160 East Hillsboro Blvd. Address Deerfield Beach, FL 33441 City, State and Zip 6. The name and address of the new registered agent and/or office: Herschel Gavsie, Esq./Greenspoon Marder, P.A. Name 100 West Cypress Creek Rd., Ste. 700 Florida street address (P.O. Box NOT acceptable) Ft. Lauderdale, FI. 33309 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. ghature of a prember or authorized representative of a member) Brett Etkin (Printed or typed name of signee) 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address I hereby confirm that the limited liability company has been notified in writing of this change in the confirmal acceptance. (Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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