

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PłCK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				
·				

Office Use Only

G. MCLEOD

AUG - 3 2009

EXAMINER



800159054438

07/31/09--01012--010 **25.00

09 JUL 31 AM 8: 55

SEGRETARY OF COUNTY OF S

COVER LETTER

Division of	Corporations				
SUBJECT:	THE AUTO B				
	Name of	Limited L	iability Compan	у	
Dear Sir or Madam:					
The enclosed Regis	tered Agent/Registered	Office Ch	ange and fee(s) a	are submitted for filing.	
Please return all cor	respondence concernin	g this matt	er to the followin	ng:	
	JENNIE HOWITT Name of Person				
JENNIE K	REITZ ASSOCIATES	S, IŅC.			
3333 W	COMMERCIAL BLVE). <u>110</u>			
Y	AUDERDALE, FL. 333	309	· · · · · · · · · · · · · · · · · · ·		
	TZ1@BELLSOUTH.No used for future annual report				
	E HOWITT	•	954)	735-7178	
Name	of Person		Area Code & D	aytime Telephone Number	
Registration S Division of C Clifton Build	orporations ing ve Center Circle Florida 32301		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	tion orations	
Enclosed is	a check for the follow	ing amour	ıt:		
 √ \$25 Filing	z Fee	Г	☐ \$55 Filing Fee	& Certified Copy	

TO: Registration Section

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. Name of the limited liability company:THE_AUTC	BODY SHOP CONNECTION LLC			
2. (a) Principal office address of limited liability company	<i>-</i>			
(Note: MUST BE STREET ADDRESS)	1901 NW 29 STREET OAKLAND PARK, FL. 33311			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
07-27-09	L08000011660			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:			
Registered Agent:	GERALD BODNAR SR.			
Registered Office Address:	1901 NW 29 STREET OAKLAND PARK, FL. 33311			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:			
NEW Registered Agent:	GERALD BODNAR JR.			
NEW Registered Office Address:				
(MUST BE FLORIDA STREET ADDRESS)	,FL			
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 affirmetive vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
GERALD BODNAR SR. Printed or typed name of signee	5 5			
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608 F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)