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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ELRAY ENTERPRISES INC.
Account Number : 120040000050
Phone : (850) 682-6712
Fax Number : (850) 682-9459

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: kempskitire@yahoo.com

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REGISTERED AGENT CHANGE KEMPSKI TIRE AND AUTOMOTIVE LLC

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 24 2010

EXAMINER

H 100002541103

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: Kempski Tire & Automotive LLC

2. (a) Principal office address of limited liability company: 615 N Lloyd St

(Note: **MUST BE STREET ADDRESS**)

Crestview, FL 32536

(b) Mailing address of limited liability company:

615 N Lloyd St

(Note: **MAY BE POST OFFICE BOX**)

Crestview, FL 32536

2-20-2010

3. Date of filing/registration in Florida

L10000019570

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Jennifer Rolling

Registered Office Address:

4593 Top Flight Dr

Crestview, FL 32536

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Mark Kempski

NEW Registered Office Address:

615 N Lloyd St

(**MUST BE FLORIDA STREET ADDRESS**)

Crestview, FL 32536

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 or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jennifer Rolling

Printed or typed name of signer

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 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.

Signature of Registered Agent

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

INHS1R (05/08)

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