(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
OCT - 3 2012	
EXAMINER	

Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMERICAR SA Name of Limited	LES LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
DAVID LANCE Name of Person	
AMERICAR SALES C.	
12450 - 44 th ST · N · U	IZOCT -1 PH @ 2 LAHASSEE, PLONID
CLEARWATER FL 337 City/State and Zip Code	<u>62</u>
DLANCE 52 @ TAMPABAY. A E-mail address: (to be used for future annual report notification	R.com
For further information concerning this matter, plea	ise call:
Name of Person at (727) 458 - 6454 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 amo	unt:
\$25 Filing Fee	\$55 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.

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1. Name of the limited liability company: AME	RICAR SALES LLC.
2. (a) Principal office address of limited liability company	: 12450 - 44 TH ST. N WITC
(Note: MUST BE STREET ADDRESS)	CLEARWATER FL 33762
(b) Mailing address of limited liability company:	12450-44TH ST. N. UNITC
(Note: MAY BE POST OFFICE BOX)	CLEARWATE, FL 33762
OCT 19 2011	L11000119357
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE CO.
Registered Office Address:	1201 HAYES STREET
	TALLAHASSEE PL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	DAVID LANCE STORY
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12450 44 STATE HAVITE
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing the angular with and accept the obligations of my po Chapter 608, F. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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