

L24701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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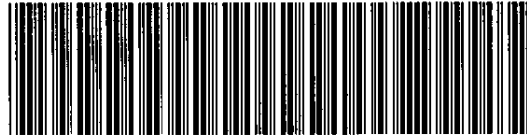
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

107-2-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jack Wilson Automotive Inc.
Name of Corporation

DOCUMENT NUMBER: L24701

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:

Brian L. Wilson
Name of Contact Person

Jack Wilson Automotive Inc
Firm/Company

2250 U.S. 1 South
Address

St. Augustine FL 32086
City/State and Zip Code

bwilson@jackwilson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian L. Wilson at (904) 799-4567
Name of Contact Person 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: Jack Wilson Automotive, Inc.
2. The principal office address: 2250 U.S. 1 South
St. Augustine FL 32086
3. The mailing address (if different): P.O. Box 169
St. Augustine FL 32085-0169
4. Date of incorporation/qualification: 10/20/1989 Document number: L24701
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)

Brian L. Wilson
107 Heron's Nest Lane
St. Augustine FL 32080

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

Brian L. Wilson
2250 U.S. 1 South
P.O. Box NOT acceptable
St. Augustine FL 32086-

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Brian L. Wilson
Signature of an officer or director

Brian L. Wilson President
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.

Brian L. Wilson
Signature of Registered Agent

7-29-11
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
CR2E045 (8/05)