L46113

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(Re	equestor's Name)					
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Automotive Business Consultants, Inc. (Name of corporation)	
DOCUMENT NUMBER: L46113	
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:	: -
Book one Wilde	
Barbara Williams (Name of person)	
(
Automotive Business Consultants	
(Name of firm/company)	
5353 North Federal Highway #204	
(Address)	
Fort Lauderdale, Florida 33308	
(City/state and zip code)	
For further information concerning this matter, please call:	- == .
Barbara Williams at (954) 489-3972 (Name of person) (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pro	visions of sec	tions 607.0502, 617.0	9 <mark>502, 607.1508, or 617.1508,</mark>	Florida Statutes	s, this sta	tement of
	•	•	r the laws of the State of $_$ $_{ m I}$	lorida		in orđer
to change its registe	ered office or	registered agent, or b	both, in the State of Florida.			
1. The name of the	corporation:_	Automotive Bu	usiness Consultants,	Inc.		·
2. The principal off	ice address:_		ederal Highway #204 ale, Florida 33308		Pi	유
3 The mailing adds	ace lif differe	mt).			<u> </u>	A T
J. The maning acci	cos (ii diticic	,m,		· · · · · · · · · · · · · · · · · · ·	HAS.	
4. Date of incorpora	tion/qualific	ation:	Document number:	L46113		
	eet address o		d agent and registered office		FLORI	94.6 H
	Eric	J. Dorer				
	30 NE	3rd Street				
	Fort	Lauderdale, Flo	orida 33301			
6. The name and str (if changed):	eet address o	f the new registered ag	gent (if changed) and /or regi	stered office		
	Erie-	JDerer Gary	Fronrath			
	5353	North Federal H	Highway #204			
	Fort	(P.O. Box or person Lauderdale, Flo	al mailbox NOT acceptable) orida 33308			
_			et address of the business o			
Such change was at the board, or the co	uthorized by rporation has	resolution duly adop s been notified in wri	ted by its board of directors ting of the change.	or by an officer	r so autho	orized by
Bufa	ture of an officer	or director)	Barbar	a Williams led or typed name and	tille)	آود
I hereby accept the I further agree to co duties, and I am far being filed merely to been notified in wri	appointment omply with the niliar with a oreflect a chi ting of this c	t as registered agent he provisions of all st nd accept the obligat hange in the registere hange.	and agree to act in this cape latutes relative to the proper ion of my position as registe ed office address, I hereby co	acity, r and complete p ered agent. Or, onfirm that the c	performa if this do corporati	nce of my cument is on has
5- 4- (Signature of Registered Agent) (Date)					4	
oign If signing on behalf	•	,		(Date)		
····						
(Ту	ped or Printed Na	пте)		(Capacity)		

* * * FILING FEE: \$35.00 * * *