## L56385

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PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	_
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Certified Copies	Certificates of Status		_`
Special Instructions to	Filing Officer:		
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Office Use Only



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03/16/11--01023--006 \*\*35.00



3/18/11

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	Mike Erdman M	otors, Inc.				
	Name of Co	rporation	<del></del>			
DOCUMENT NUMBER:	<u> </u>	.56385	<del></del>			
The enclosed Statement of Cha	nge of Registered Office	Agent and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter to the following:						
		•				
	Mitchell S. Gold	lman, Esquire				
<del></del>	Name of Cor	tact Person				
	Cantwell, Fougerous	se & Goldman, P.A.				
	Firm/Co	mpany				
	96 Willard Street, Suite 302 Address					
	Addi	ess				
Cocoa, Florida 32922 City/State and Zip Code						
City/State and 21p Code						
bbaxter@mikee.rdmanmotors.com						
E-mail address: (to be used for future annual report notification)						
For further information concern	ning this matter, please o	all:				
Mitchell S. C		at ( 321 )	639-1320 ext 104			
Name of Contac	ct Person	Area Code & Day	time Telephone Number			
Enclosed is a \$35.00 check ma	de payable to the Depart	ment 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

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: Mike Erdman Motors, Inc.
2. The principal office address: 445 E. Merritt Island Causeway, Merritt Island, Florida 32952
3. The mailing address (if different): P.O. Box 540127, Merritt Island, Florida 32954-0127
4. Date of incorporation/qualification: 03/12/1990 Document number: L56385
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)
Robert L. Beals, PA
96 Willard Street, Suite 302
Cocoa, Florida 32922
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Mitchell S. Goldman, Esquire  96 Willard Street, Suite 302
Mitchell S. Goldman, Esquire
00 171110110 01110 0011
P.O. Box NOT acceptable  Cocoa, Florida 32922
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.
Michiel H. Endings  Signature of another or director  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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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