M44767

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400078864564

08/22/06--01005--039 **35.00

06 AUG 22 AM II: 21
SECRETARY OF STATE
TALLAHASSEF FI ORDA



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: 79TH STREET AUTO CENTER CORP. (Name of Corporation)			
DOCUMENT NUMBER: M44767			
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:			
·			
VLADIMIR KESLIN			
(Name of Contact Person)			
79TH STREET AUTO CENTER CORP			
(Firm/Company)			
830 NE 79 STREET (Address)			
MIAMI, FL 33138 (City/State and Zip Code)			
For further information concerning this matter, please call:			
VLADIMIR KESLIN at (305) 754-1846 (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; 79TH STREET AUTO CENTER CORP.
2. The principal office address: 830 NE 79 STREET MIAMI, FL 33138
3. The mailing address (if different):
4. Date of incorporation/qualification: 01-1402006 Document number: M44767
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MIGUEL GARAU JR.
15220 FINTRY PL.
MIAMI LAKES, FL 33016 78 8
6. The name and street address of the new registered agent (if changed) and /or registered office 5 7 (if changed):
VLADIMIR KESLIN
16485 COLLINS AVE #438
(P.O. Box NOT acceptable)
SUNNY ISLES FL. 33160
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.
V. Was Viginature of an officer or director) Vi Adivire Keslin (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.
× V. W. OS-01-300 6 (Date)
if signing on behalf of an entity:
(Typed or Printed Name)

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