

M76180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

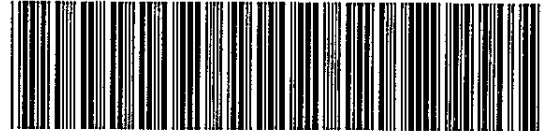
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Rs 10/20/03

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MR AUTO INSURANCE OF DAYTONA BEACH, INC  
(Name of corporation)

DOCUMENT NUMBER: M76180

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:

TOM UEA1  
(Name of person)

MR AUTO INSURANCE OF DAYTONA BEACH, INC  
(Name of firm/company)

685 MASON AVE  
(Address)

DAYTONA BEACH, FL 32117  
(City/state and zip code)

For further information concerning this matter, please call:

TOM UEA1 at ( 321 ) 258 4848  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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 FLA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MIB AUTO INSURANCE OF DAYTONA BEACH, INC.

2. The principal office address: ~~602 N NOVA ROAD~~ 685 MASON AVE  
DAYTONA BEACH, FL 32117

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: M96180

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~NAME~~ Tom Veal  
602 N NOVA ROAD  
DAYTONA BEACH, FL

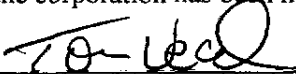
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tom Veal  
685 MASON AVE  
(P.O. Box or personal mailbox NOT acceptable)  
DAYTONA BEACH, FLA 32117

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TALLAHASSEE, FLORIDA


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.

  
(Signature of an officer or director)

Tom Veal  
(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)

10-10-03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

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