

NO80000003063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

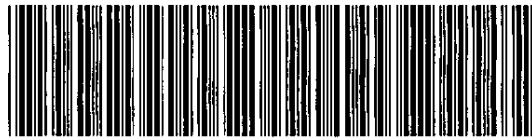
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 23 AM 11:54

T. Roberts JUL 27 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern Chevrolet Dealers-Miami/Fort Lauderdale
Name of Corporation

DOCUMENT NUMBER: N08000003063

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:

Kim Novak
Name of Contact Person

Hinshaw & Culbertson
Firm/Company

100 South Ashley Drive, Suite 50
Address

Tampa, FL 33602
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Novak at (813) 868-8840
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: Southern Chevrolet Dealers-Miami/Fort Lauderdale Advertising Inc

2. The principal office address: 14401 West Sunrise Blvd., Sunrise, FL 33323

3. The mailing address (if different): same

4. Date of incorporation/qualification: 3/26/08 Document number: N08000003063

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)

Broad and Cassel, P.A.
Mr. Robert Sickles Esq.
100 North Tampa Street, Suite 3500
Tampa, FL 33602

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

Robert E. Sickles, P.A.
100 South Ashley Drive, Suite 500
P.O. Box NOT acceptable
Tampa, FL 33602

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.

Van Olp, 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.

Robert E. Sickles
Signature of Registered Agent

7-13-09
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)

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