N08000003112

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)						
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Certified Copies Certificates of Status						
Considerations to Filips Officers						
Special Instructions to Filing Officer:						





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FILED PHIE: 46
SECRETARY OF STATE
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50 on/18/20

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Southerm Chevrolet Dearlers-West Pale of Corporation	m Beach Advertising, Inc.
DOCI	JMENT NUMBER: N08000003112	· · · · · · · · · · · · · · · · · · ·
The er	nclosed Statement of Change of Registered	l Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Robert	E. Sickles, Esq.	
Name	of Contact Person	
Dinsm	ore & Shohl	
Firm/C	Company	
201 No	orth Franklin Street, Suite 3050	
Addre	88	
Tampa	, FL 33602	
City/S	tate and Zip Code	
	robert.sickles@dinsmore.com	1
E-mai	il address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter, p	please call:
Kim N		at (813) 543-9819 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of char	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga to change its registered office or regis	nized under the laws of the Sta	te of Florida
1. The name of t	ne corporation: Southern Chevrolet Deal	ers-West Palm Beach Advertising	g, Inc.
	office address: 3720 Northlake Blvd, Lak		
- 3. The mailing ac	ldress (if different): same		
4. Date of incorp	N08000003112		
	street address of the current registered ment of State: (If resigned, enter resign		file with the
	Robert E. Sickles, Esq.		
	100 North Tampa Street, Suite 3500		
	Tampa, FL 33602		
6. The name and (if changed):	street address of the new registered ago	ent (if changed) and /or register	FILED 2020 JUL 27 PHIZ: 46 SECRETARY OF STATE TAGE AHASSEE. FL
	Robert E. Sickles, Esq.		ASS T
	201 North Franklin Street, Suite 3050		D S S
	P.O. Bo Tampa, FL 33602	ox NOT acceptable	TATE S. 46
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the business office	e of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	ed by its board of directors or lottified in writing of the chang	by an officer so e.
NY STA C. LUNG Ista C. Lung (Jun 30, 2020 15 Signatur	2 21 EUT) e of an officer or director	Chr. Sta C. L	una, Director
l further agree to of my duties, and document is beig	the appointment as registered agent as o comply with the provisions of all sta I I am familiar with and accept the ob upfiled merely to reflect a change in to been notified in writing of this change	tutes relative to the proper an ligation of mv position as reg he registered office address, I	y. Id complete performance istered agent. Or, if this hereby confirm that the
Som	what & Sulle	7-13-20)
Sign If signing on bel	nalf of an entity:	Date	
Ту	ped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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