NOS COO BOY

| (Re | questor's Name) | |
|---|-------------------|---------------------------------------|
| (Address) | | |
| (Ad | dress) | · · · · · · · · · · · · · · · · · · · |
| (Cit | y/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | · | : |
| | | |

Office Use Only



700275774477

08/06/15--01020--019 **105.00

15 AUG -6 AM 9: 31
Shuidi Angeri Pindia

Ryachg

AUG 07 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Southern Chevrolet Dealers-Tampa Advertising Inc.

Name of Corporation

DOCUMENT NUMBER: NO8000004816

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

Broad and Cassel

Firm/Company

100 North Tampa Street, Suite 3500

Address

Tampa, FL 33602

City/State and Zip Code

rsickles@broadandcassel.com

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

For further information concerning this matter, please call:

Kim Novak

.,,813

225-3014

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, 607.15 statement of change is submitted for a corporation organized under the control of the cont | er the laws of the State of Florida | |
|--|---|--|
| in order to change its registered office or registered agent. 1. The name of the corporation: Southern Chevrolet Deal | · | |
| 2. The principal office address: 9751 Adamo Drive, Tamp | | |
| 2. The principal office address: 3731 Additio Dive, 1411 | 74, 1 2 000 19 | |
| 3. The mailing address (if different): same as above | | |
| 4. Date of incorporation/qualification: 5/16/2008 Do | cument number: N0800004816 | |
| 5. The name and street address of the current registered agent and Florida Department of State: (If resigned, enter resigned) | registered office on file with the | |
| Robert E. Sickles, Esq. | | |
| 100 South Ashley Drive, Suite 500 | 100 South Ashley Drive, Suite 500 | |
| Tampa, FL 33602 | ASSE TO THE | |
| 6. The name and street address of the new registered agent (if changed): | nged) and /or registered office | |
| Robert E. Sickles, Esq. | SF CO | |
| 100 North Tampa Street, Suite 3500 |) . | |
| P.O. Box NOT acceptable Tampa, FL 33602 | | |
| The street address of its registered office and the street address o as changed will be identical. | f the business office of its registered agent, | |
| Such change was authorized by resolution duly adopted by its bo authorized by the board or the corporation las been notified in w | ard of directors or by an officer so friting of the change. | |
| Signature of an officer or director | Printed or typed name and title | |
| I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the agent. Or, if this document is being filed merely to reflect a channer to the component of the confirm that the corporation has been notified in writing the confirmation of the corporation has been notified in writing the corporation has been not the corp | ige in the registered office address, I | |
| / Lots Sull | 8-4-15 | |
| Signature of Registered Agent | Date | |
| If signing on behalf of an entity: | | |
| Typed or Printed Name | | |

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