N08277

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·	
(Ci	ty/State/Zip/Phone i	#)	
PICK-UP	☐ WAIT	MAIL	
(В	usiness Entity Name)	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE

Office Use Only

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JAN 1 4 2010

DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.

JOHN S. DUSS, IV
THERESA M. KENNEY
ELIOT J. SAFER
WADE MCK. HAMPTON*
WILLIAM J. JOOS
KELLEY P. PRESLEY

*ALSO ADMITTED IN GA

TELEPHONE (904) 543-4300 www.JAXFIRM.com 4348 SOUTHPOINT BLVD., SUITE 101 JACKSONVILLE, FLORIDA 32216 FACSIMILE (904) 543-4301

Sender's Direct Dial 904.543.4314
Sender's Email Address: vcummins@JAXFIRM.com

January 7, 2010

VIA UNITED STATES MAIL

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re:

Registered Agent Changes

Ladies and Gentlemen:

Enclosed please find sixteen (16) Statements of Change of Registered Office or Registered Agent for filing with your office. Also enclosed is this office's check payable to the Division of Corporations in the amount of \$500.00. Please return your confirmations of filing to our office at the above address.

Thank you for your assistance.

Sincerely yours,

Vicki L. Cummins, FRP

Paralegal to John S. Duss, IV

:vlc

Enclosure(s)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of <u>Fl</u> ar to change its registered office or registered agent, or both, in the State of Flo	orida	<i>-</i>	
	the corporation: Florida First Coast Alfa Romeo Owners Cluoffice address: c/o John Hagadorn, 2584 Emperor Drive, Jackson			3222
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 03/20/1985 Document number:	N0827	' 7.	
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the		
	John S. Duss, IV			
	10110 San Jose Boulevard			
	Jacksonville, Florida 32257	SEC	2010	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic John S. Duss, IV	RETARY OF AHASSEE, F	2010 JAN 12 AF	
	4348 Southpoint Boulevard, Suite 101 P.O. Box NOT acceptable	STATE	AK 10: 10	
	Jacksonville, Florida 32216	,		
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registere	d agen	ıt,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change. John S. Duss, IV, Director of director Printed or typed name and title	officer so		-
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and compad I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change. 10.2709 Date	nlota nort	orman Or, if th that th	ce iis ie
If signing on be	chalf of an entity:			
7	yped or Printed Name			

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