P00000012357

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A)

COVER LETTER

SUBJECT: STEVE'S TRANSMISSIONS OF HOLLYWOOD INC		
(Name of Corporation)		
DOCUMENT NUMBER: P00000012357		
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:		
DANIEL G. GASS		
(Name of Contact Person)		
ACCOUNTING TAX & BUSINESS SOLUTIONS PA		
(Firm/Company)		
10001 NW 50th Street, Suite 204		
(Address)		
(
SUNRISE, FL 33351		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
DANIEL G. GASS at (954) 746-0156		
DANIEL G. GASS (Name of Contact Person) at (954) 746-0156 (Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address		

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State ofegistered agent, or both, in the State of Florida.
1. The name of t	he corporation: STEVE'S TRANSM	NISSIONS OF HOLLYWOOD INC
2. The principal	office address: 3803 W BEACH BL	VD HOLLYWOOD FL 33023
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 1-31-2000	Document number: P00000012357
	street address of the current registerment of State:	ered agent and registered office on file with the
	STEVEN SKOPP	
	933 ARBOR VIEW	
	HOLLYWOOD FL 33019	<u> </u>
6. The name and street address of the new registered agent (if changed):		ACH BLVD eptable)
	DEVON PROPHET	SEE P D
	3803 W HALLANDALE BE	ACH BLVD FOR IN
	(P.O. Box NOT acc HOLLYWOOD FL 33023	eptable)
The street addre	ss of its registered office and the s	street address of the business office of its registered agent,
_		dopted by its board of directors or by an officer so en notified in writing of the change.
	1///	STEVEN SKOPP
I hereby accept I further agree t of my duties, an document is bei	re of an officer or director) the appointment as registered age to comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	(Printed or typed name and title) ant and agree to act in this capacity. Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this to in the registered office address, I hereby confirm that the tange.
- Al	H	6-8-07
	nature of Registered Agent)	(Date)
DEVON PRO	half of an entity:	
	yped or Printed Name)	

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

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