0000025723 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in ☐ Photocopy Certificate of Status ☐ Mail out Will wait AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Merger Other REGISTRATION/ OTHER FILINGS **OUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

CR2E031(1/95)

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

the undersigned corporation organized under the laws of the State of Florids submits the following statement in order to change its registered office or registered agent, of the State of Florida.	or both, in
1. The name of the corporation is: Platioum Auto Sales In	<u> </u>
2. The mailing address of the corporation is: 10183 Red wood Oks	
3. Date of incorporation/qualification: NASCL 13, 2000 Document number: 1000	<u>00025</u> 723
4. The name and address of the current registered agent and office:	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Lorey L. Williams 1160 Maxey Vrive Williams Williams	00 APR 19 PH 4: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA
The street address of its registered office and the street address of the business office of its reagent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board.	
Signature of an officer, chairman of the board) H / 18 20	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this call further agree to comply with the provisions of all statutes relative to the proper and comply performance of my duties, and I am familiar with and accept the obligation of my position are gistered agent	d pacity. ete ss
(Signature of Registered Agent) (Signature of Registered Agent) (Date)	
(Typed or Printed Name) *** FILING FEE: \$35.00 ***	
CR2F045(7/97)	

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS