PWW62219

(Requestor's Name) (Address) (Address)	000156498900
(City/State/Zip/Phone #)	
(Business Entity Name)	06/01/0901018011 **35.00
(Document Number)	1,500 - 1,000
Certified Copies Certificates of Status	2009 JUN . 1 PM 2: 45 SECRETARY OF STATE TALLIAHASSEE, FLORIDA

Office Use Only

A proper

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TIFFY LO TIRE, INC. Name of Corporation
DOCUMENT NUMBER: P000000 62219
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:
LARRAINE MANNING Name of Contact Person
TIFFYLD TIRE INC.
71D CAROLINA AVENUE
FT. LAUDERDALE FL 33312. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: LARRAINE MANNING Name of Contact Person at (954) 290-2065 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, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
TEFFICIAL TIZE + 110
1. The name of the corporation:
2. The principal office address: 110 CAROLINA AVENUE
FT. LAWDERDALE, FLORIDA 333/2
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/20/2000 Document number: P0000006 2219
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
THEODORE MONTICELLO (RESIGNED)
3941 NW 47 AVENUE
LANDERDALE LAKES, PL 33319 3
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): LARRAINE MANNING
110 CAROLINA AVE
PO. Box NOT acceptable
FT. LAUDERDALE, PL 33312 5
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
LARROINE MANNING - DIRECTOR
Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Loro 5-26-09
Signature of Registered Agent Date
If signing on behalf of an entity:
LARRAINE MANNING
Typed or Printed Name

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