Division of Corporations

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Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

REGISTERED AGENT CHANGE

GULFVIEW IMPORTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

12/14/01

Registed Stice De

Change 22/14/01

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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 Statute the undersigned corporation organized under the laws of the State ofFlorida
submits the following statement in order to change its registered office or registered agent, or both,
the State of Florida. 1. The name of the corporation: Gulfview Imports, Inc.
2. The mailing address of the corporation: 6911 Fox Hollow Drive
Port Richey, FL 34668
3. Date of incorporation/qualification: 10/10/00 Document number: P00000095630
4. The name and address of the current registered agent and office:
Leon Krelsler
9932 US Highway 19
Port Richey, FL 34668
5. The name and address of the new registered agent (if changed) and/or registered office (if changed); (P. O. Box Not Acceptable)
Leon Kreisler
6911 Fox Hollow Drive
Port Richey, FL 34688
The street address of its registered office and the street address of the business office of its registere 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.
(Signature of an officer, cifarman or vice chairman of the board) (Date) Leon Kreisler, President
(Printed or typed name and title)
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 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.
(Signapore of Registered Agent) Leon Kreisler Leon Kreisler (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(9/00) PRINTED OF CORPORATIONS P.O. POY 6327 TAILAHASSEE FL. 32314

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