

P00000102677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300185146923

09/10/10--01018--014 \*\*35.00

FILED  
10 SEP 10 PM 12:22  
STATE OF MARYLAND  
CLERK OF THE COURT

PA Change

09/14/10

Dc

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MR FIXIT AUTOMOTIVE + TIRE CENTERS  
Name of Corporation

**DOCUMENT NUMBER:** P00000102677

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:

R.B. FITZ  
Name of Contact Person

MR FIXIT AUTOMOTIVE + TIRE CENTERS  
Firm/Company

320 N. CONGRESS AVE  
Address

DELRAY BCH, FL 33445  
City/State and Zip Code

FIXITAUTOMOTIVE@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R.B. FITZ at ( 561 ) 278-1127  
Name of Contact Person 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.

1. The name of the corporation: MIL FIX IT AUTOM-TIVE & TIRE CENTERS, INC.
2. The principal office address: 320 N. CONGRESS AVE  
DELRAY BCH, FL 33445
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/31/2000 Document number: P00000102677
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)

ROBERT COHEN  
320 N. CONGRESS AVE  
DELRAY BCH, FL 33445

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROB FITZ  
320 N. CONGRESS AVE  
P.O. Box NOT acceptable  
DELRAY BCH, FL 33445

FILED  
10 SEP 10 PM 12:28

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.

[Signature]  
Signature of an officer or director

HOWARD SCHRIVER  
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.

[Signature]  
Signature of Registered Agent

9/4/10  
Date

If signing on behalf of an entity:

ROB FITZ  
Typed or Printed Name

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

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