

PO0000114553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

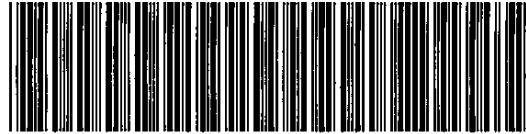
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500079851255

09/25/06--01026--018 \*\*35.00

FILED  
06 SEP 25 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 25 2006

20

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: SUPERIOR AUTO ELECTRIC INC  
(Name of Corporation)

DOCUMENT NUMBER: P 00000 114 553

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:

SHARON EDWARDS  
(Name of Contact Person)

SUPERIOR AUTO ELECTRIC INC  
(Firm/Company)

1507 PINE AVE  
(Address)

ORLANDO, FL 32824-7906  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON EDWARDS at or cell 321-388-8321  
(Name of Contact Person) at (407) 498-3048  
(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: SUPERIOR AUTO ELECTRIC, INC.
- 2. The principal office address: 1507 PINE AVE  
ORLANDO, FL 32824-7906\*
- 3. The mailing address (if different): 1507 PINE AVE  
(changing) ORLANDO FL 32824-7906
- 4. Date of incorporation/qualification: 12/11/2000 Document number: P 00000 114553
- 5. The name and street address of the current registered agent and ~~registered office~~ on file with the Florida Department of State:

SHARON E. EDWARDS  
5000 RALPH MILLER RD  
ST CLOUD FL 34771-9695

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

SHARON E. EDWARDS  
1860 ELDORADO CT  
(P.O. Box NOT acceptable)  
ST CLOUD FL 34771-7908

FILED  
 06 SEP 25 PM 2:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

Sharon E. Edwards  
(Signature of an officer or director)

SHARON E. EDWARDS PRESIDENT  
(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.

Sharon E. Edwards  
(Signature of Registered Agent)

9/21/06  
(Date)

If signing on behalf of an entity:  
  
\_\_\_\_\_  
(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  
 CR2E045 (8/05)