# P0100026103

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## RADEYITHOMASIYONICLARK

Attorneys & Counselors at Law

POST OFFICE BOX 20967 (32302) 313 NORTH MONROE STREET, SUITE 200 TALLAHASSEE, FLORIDA 32301 www.radeylaw.com

850-425-6654 phone 850-425-6694 fax

April 26, 2004

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

#### Re: United Car Care of Florida, Inc. Change of Registered Agent Address

Dear Sir or Madam:

Please find enclosed a Statement of Change of Registered Office for United Car Care of Florida, Inc. We have included a check in the amount of \$35.00 to cover the necessary fee.

You may contact me at 425-6680 if there are any questions or when the documents are ready and I will have them picked up. Thank you for your assistance with this request

Sincerely,

Angel Ganev

Angel Ganey ( Assistant to Bert Combs

Enclosure

KAREN ASHER-COHEN DONNA E. BLANTON SUSAN F. CLARK EDWARD B. COLE BERT L. COMBS JEFFREY L. FREHN TONI A. FUNARO NATALIE B. FUTCH CHRISTOPHER B. LUNNY \_ ELIZABETH MCARTHUR TRAVIS L. MILLER JOHN RADEY HARRY O. THOMAS DAVID A. YON

#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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SUBJECT:	United (	Car Car	e of	Florida,	Inc.	
		(N	ame o	f corporation	n)	

DOCUMENT NUMBER: P01000026103

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:

Bert L. Combs

(Name of person)

Radey Thomas Yon & Clark (Name of firm/company)

> 313 N. Monroe Street, Suite 200 (Address)

Tallahassee, FL 32301 (City/state and zip code)

For further information concerning this matter, please call:

Angel Ganey at (850) 425-6680 (Name of 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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

### 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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: United Car Care of Florida, Inc.
2. The principal office address: 313 N. Monroe Street, Suite 200
Tallahassee, FL 32301
3. The mailing address (if different): 6501 S. Fiddler's Green Circle, Suite 610
Greenwood Village, CO 80111
4. Date of incorporation/qualification: <u>3/13/01</u> Document number: <u>P01000026103</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Bert L. Combs
101 N. Monroe Street, Suite 775
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office
Bert L. Combs
313 N. Monroe Street, Suite_200 (P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301
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 of an officer or director) (Signature of an officer or director) BEENARD Radonnowski, TREASURER
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 of Registered Agent) (Date)
If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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