

P01000048361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

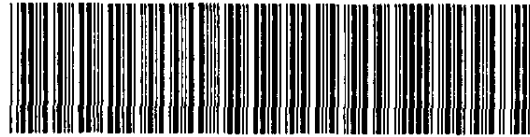
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007/3/8

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SKYLER TIRE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P01000048361

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:

LAURA ROESCH, CPA  
Name of Contact Person

LAURA ROESCH, CPA, PLLC  
Firm/Company

83 S JOHN SIMS PKWY  
Address

VALPARAISO, FL 32580  
City/State and Zip Code

LAURA@ROESCHCPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA ROESCH at ( 850 ) 897-0000  
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: SKYLER TIRE, INC.
2. The principal office address: 8960 HWY 98 WEST, NAVARRE, FL 32566
3. The mailing address (if different): 7507 HWY 239, BANKS, AL 36005

4. Date of incorporation/qualification: 05/15/2001 Document number: P01000048361

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)

MONIQUE STECKLEIN

367 OSBORNE DR NE

FORT WALTON BEACH FL 32548

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

LAURA ROESCH, CPA, PLLC

83 S JOHN SIMS PKWY

P.O. Box NOT acceptable

VALPARAISO, FL 32580

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

PAUL MICHAEL ARGUELLES  
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 of Registered Agent

2/28/11  
Date

If signing on behalf of an entity:

LAURA ROESCH, CPA  
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)

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TALLAHASSEE, FLORIDA