

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
PAYLESS CAR RENTAL SYSTEM, INC.

Certificates of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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RECEIVED  
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2011 JUN 15 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DP  
6/15/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Payless Car Rental System, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P01000096533

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:

Michael LaPlaca  
Name of Contact Person

LaPlaca Law, PC  
Firm/Company

50, W. Montgomery Avenue #335  
Address

Rockville, Maryland 20850  
City/State and Zip Code

Michael@laplacalaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael LaPlaca at ( 240 ) 453-9522  
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  
2561 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (W05)

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: Payless Car Rental System, Inc.
2. The principal office address: 2350 N. 34th Street N, St. Petersburg, FL 33713
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/26/2001 Document number: P01000096533
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)

Richard L. Stevens

2350 N. 34th ST. N., #110

St. Petersburg, FL 33713

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

C T Corporation System


c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

RICHARD L. STEVENS, 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.

By: C T Corporation System

  
Signature of Registered Agent

01/24/11  
Date

If signing on behalf of an entity:

Jimena Fernandez  
Vice President  
and Assistant Secretary

\_\_\_\_\_  
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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