P0100009733-

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	_			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of S	tatus			
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COVER LETTER

TO:	Amendment Section Division of Corporations	•				
SUBJE	ECT: T & R AUTO SALES INC					
	(Name of C	Corporation)				
DOCU	MENT NUMBER: P01000097335					
The en-	closed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matte	r to the following:				
	•	· .				
	CANDI SPENCE					
	(Name of Contact Person)					
	T&R AUTO SALES INC					
	(Firm/C	ompany)				
	1860 NW 29TH STREET					
	(Add	ress)				
	OAKLAND PARK FL. 33311					
	(City/State a	nd Zip Code)				
For fur	ther information concerning this matter, please	call:				
AI FRE	ED FRANCIS					
7,21,710	(Name of Contact Person)	at (754) 204-6517 (Area Code & Daytime Telephone Number)				
Enclose	ed is a \$35.00 check made payable to the Depar	tment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Amendment Section Division of Corporations	Amendment Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $_$ registered agent, or both, in the State of Fi	FLORIDA		
1. The name of	the corporation: T&R AUTO SALES	S INC			
		T 29TH STREET, OAKLAND PARK FL 3	3311		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 10/04/2001	Document number: P010000	97335		
	d street address of the current regist thent of State:	ered agent and registered office on file wit	h the		-
	ALFRED FRANCIS		IAL:	8	
	1860 NW 29TH STREET		LAH	6- AON 90	77
	OAKLAND PARK FL 33311		TARY ASSE	-9	,
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered offi	OF STATE	AM 9: 0	D
	CANDIE SPENCE		IDA ADA	40	- 1 - 1
	224 MADDYAN LANE		_		
	(P.O. Box NOT acc	•			
The street addreas changed will		street address of the business office of its	s register	ed ago	ent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the of poration has be	dopted by its board of directors or by an een notified in writing of the change.	officer s	0	
Signatu	rept an officer or director)	ALFRED FRANCIS (Printed or typed name and to	itle)		<u> </u>
I further agree : of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a td I am familiar with and accept to ng filed merely to reflect a chang s been notified in writing of this c	ent and agree to act in this capacity. Il statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange.	plete per l agent. y confirm	rforma Or, if n that	ince this the
· Caad	e Spence	11/06/2006			_
	gnature of Registered Agent) shalf of an entity:	(Date)			
(1	Typed or Printed Name)				

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