

P01000098493

FIVE STAR  
AUTOMOTIVE, INC.  
4612 S. Ridgewood Ave.  
Port Orange, FL 32127

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

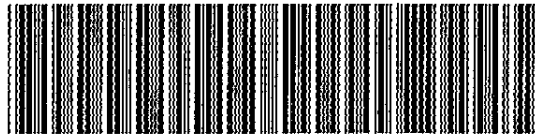
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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R. A. Charge  
11-20-03

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Five Star Automotive Inc

2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P 01000098493

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Spiegel + Librera PA  
1840 SW 22nd Street 4th floor  
Miami FL 33145

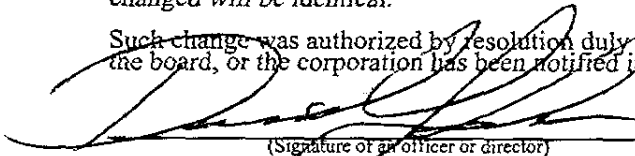
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Daniel Laden  
4612 Ridgewood Avenue  
(P.O. Box or personal mailbox NOT acceptable)  
Port Orange FL 32119

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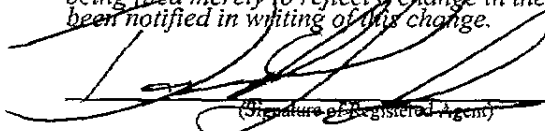
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Daniel Laden 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.

  
(Signature of Registered Agent)

10/13/03  
(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