

PO1000103482

Requester's Name	
Address	
City/State/Zip	Phone #

800007346008--3-
-08/26/02--01077--035
*****70.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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02 AUG 26 AM 11:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

CR2E031(7/97)

Examiner's Initials

PS 8/30/02

RA
NOTE - CORRECT CORP NAME

**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,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : TIRE GRIP AND SERVICES, Inc.

2. The mailing address of the corporation : 4400 S.W. 72 AVENUE
MIAMI, FLORIDA 33166

3. Date of incorporation/qualification: 10 24 2001 Document number: POE000103482

4. The name and address of the current registered agent and office:

GLYSETTE PIEDRA
4400 NW 72 AVENUE
MIAMI, FL 33166

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

CLEMENTE CARLOS LOPEZ
4400 NW 72 AVE
MIAMI, FL 33166

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.

Glysette Piedra
(Signature of an officer, chairman or vice chairman of the board)

8/19/02
(Date)

GLYSETTE PIEDRA
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Glysette Piedra
(Signature of Registered Agent)

Clemente C Lopez
(Date)

If signing on behalf of an entity:

CLEMENTE CARLOS LOPEZ PRESIDENT
(Typed or Printed Name) (Capacity)

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