P01000121053

,		
(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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T PICKALIP	MAIT WAIT	MAIL
	L **/	141/112
(Bu	siness Entity Nar	ne)
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(D0	cument Number)	
Certified Copies	_ Certificate:	s of Status
		1
Special Instructions to	Filing Officer:	

Office Use Only



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11/04/10--01016--006 **35.00



RA. Charge C.COULLIETTE NOV 16 2010

EXAMINER

•		
co	VER LETTER	
TO: Amendment Section Division of Corporations		
SUBJECT: discount auto o	utlet of broward county me of Corporation	
DOCUMENT NUMBER: PODO	00 121053	
The enclosed Statement of Change of Register Please return all correspondence concerning th	i -	for filing.
Nan	rich cady e of Contact Person	
discount aut	o outlet of broward county	
	Firm/Company	
2	905 sw 52 ave Address	
	71001055	
	lavie,fl 33314 State and Zip Code	
	cady@aol.com ed for future annual report notifica	tion)
For further information concerning this matter.	please call:	
rich cady Name of Contact Person	at (754) Area Code & Daytime	423-8164
Enclosed is a \$35.00 check made payable to th		reteptione Number
Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building	enter Circle

CR2E045 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2010

RICH CADY DISCOUNT AUTO OUTLET OF BROWARD COUNTY 2905 SW 52 AVE DAVIE, FL 33314

SUBJECT: DISCOUNT AUTO OUTLET CORP. OF BROWARD COUNTY

Ref. Number: P01000121053

We have received your document for DISCOUNT AUTO OUTLET CORP. OF BROWARD COUNTY and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must complete your application before it can be processed. I have checked in red the areas that you must fill in before returning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 110A00026182



STATEMENT OF CHANGE OF REGIST FOR	ERED OFFICE OR REGISTERED CORPORATIONS	AGENT OR E	ОТН
Pursuant to the provisions of sections 607.0502,			
statement of change is submitted for a corporation	n organized under the laws of the State	of florida	<u></u>
in order to change its registered office (r registered agent, or both, in the State	of Florida.	,
1. The name of the corporation:			00 GR P GO
2. The principal office address: change from	2840-c stirling rd hollywood fl- t	b- 2030 sw71	terrace C6
Davie,FI 33317	<u> </u>		
3. The mailing address (if different): 2905 sw	52 ave Davie,fl 33314		
4. Date of incorporation/qualification:	2/ /2001 Document number:	P010001	21053
5. The name and street address of the current reg Florida Department of State: (If resigned, enter		e with the	
* RIEH CA	by PRES		
€ 2905 SW	Ja ADE		
* DAVIE FL	33314		
6. The name and street address of the new registe (if changed):	red agent (if changed) and /or registere	d office AH	NON OL
2030 sw 71 terrace David	e, FI 33317	ASSE	16 -:ILE
	n Nor will		71 -#
r.	D. Box NOT acceptable	ORIDA	9: 08
The street address of its registered office and that changed will be identical.	e street address of the business office	of its registered	agent,
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or been notified in writing of the chang	y an officer so	
Signature of an officer of director	Printed or typed name	1 -7	
I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and accept document is being filed merely to reflect a cha corporation has been notified in writing of this	gent and agree to act in this capacit all statutes relative to the proper an the obligation of my position as regi ge in the registered office address, I change.	, (d complete perfo stered agent. Of hereby confirm (rmance , if this hat the
Signature of Registered Agent			
If signing on behalf of an entity:			
RICH CADY PRES	 		
* * * FII	ING FEE: \$35.00 * * *		
MAKE CHECKS PAYABL MAIL TO: DIVISION OF CORPORA CR2E045 (8/05)	E TO FLORIDA DEPARTMENT OF STAT IONS, P.O. BOX 6327, TALLAHASSEE	E FL 32314	