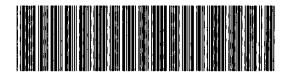
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Credit Solution Auto Sales, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$0200006023
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:
Bruce E. WILTSC (Name of Contact Person)
Crevit Solution Auto Sales, Inc.
(Funicompany)
5005 PARK ST.
(Address)
JACKSONVILLE, FL 32205 (City/State and Zip Code)
For further information concerning this matter, please call:
Bruce E. WILTSE at (904) 388 - 4848 (Area Code & Daytime Telephone Number
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

P.O. Box 6327

Mailing Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

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

in order to change its registered affice or registered agent, or both, in the State of Florida.  1. The name of the corporation: Credit Solvito Avid Avid Sales, Twc.  2. The principal office address: 5005 fARK ST.  Acksonville, FL 32205  3. The mailing address (if different): 5000 farmed agent and registered office on file with the Florida Department of State:  **No Devil Sylve Sylve Solvitor	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
1. The name of the corporation: Cradity Solution Auto Sales, Iwc.  2. The principal office address: 5005 PARK ST.  The crack Son Ville, FL 32205  3. The mailing address (if different): 5000  4. Date of incorporation/qualification: 1) 11402 Document number: 102 00000 623.  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
3. The mailing address (if different): Sound  4. Date of incorporation/qualification: ) 14/02 Document number: \$\int 02\ 00000\ 0623\$.  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:    Robert Skeels   Robert Skeels   Robert Registered agent and registered office on file with the Florida Department of State:   Robert Skeels   Robert Registered agent (if changed) and/or registered office (if changed):   Robert Robert Registered agent (if changed) and/or registered office (if changed):   Robert Robert Registered agent (if changed) and/or registered office (if changed):   Robert	$\sim$
3. The mailing address (if different):	2. The principal office address: 5005 PARK ST.
4. Date of incorporation/qualification: ) 14 02 Document number: £02 00000 6023.  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	3. The mailing address (if different): Same
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	4. Date of incorporation/qualification: ) 14/02 Document number: PDZ 00000 6023.
Florida Department of State:    State	, , ,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Cold	
The street address of its registered office and the street address of the business office of its registered 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.  Bruce E. Wiltse - PSD.  (Signature of an officer or director)  Thereby 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. Thereby confirm that the apportunion has been notified in writing at this change.  Signature of Registered Agent.  (Signature of Registered Agent)	1821 3 STreet North
The street address of its registered office and the street address of the business office of its registered 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.  Bruce E. Wiltse - PSD.  (Signature of an officer or director)  Thereby 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. Thereby confirm that the apportunion has been notified in writing at this change.  Signature of Registered Agent.  (Signature of Registered Agent)	JACKSONVIlle, FL 32250
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If signing on behalf of an entity:	I further agrée to comply with the provisions of all statutes relative to the proper and complete performance
If signing on behalf of an entity:	(Signature of Registros) West (Date)
1713107 ( )20113 34	Brow E. WILTSE.

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

(Typed or Printed Name)