



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARISMA AUTO GROUP INC.  
Name of Corporation

**DOCUMENT NUMBER:** P02000042730

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:

SERVET SENTURK

Name of Contact Person

CARISMA AUTO GROUP INC.

Firm/Company

12234 N. FLORIDA AVE.

Address

TAMPA, FL 33612

City/State and Zip Code

tampacarisma@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERVET SENTURK

Name of Contact Person

at ( 813 ) 270-4425

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2018

SERVET SENTURK  
12234 N. FLORIDA AVE  
TAMPA, FL 33612

SUBJECT: CARISMA AUTO GROUP, INC.  
Ref. Number: P02000042730

We have received your document for CARISMA AUTO GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 6 cannot be left blank. Please complete section 6 with the correct information.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 918A00012726

RECEIVED  
18 JUN 28 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

# Carisma Auto Group Inc.

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12234 N Florida Ave. Tampa FL 33612

To: Florida Department of State / Division of Corporations

Re: Replacing the current the Registered Agent

Date: 06/25/2018

Dear Rebekah White or To Whom It May Concern,

Please find enclosed the corrected Statement of Change of Registered Agent per your request.

Please contact me at 813-270-4425 or [tampacarisma@gmail.com](mailto:tampacarisma@gmail.com) should you have any questions

Thank you.

Sam S Senturk

Carisma Auto Group Inc.  
12234 N Florida Ave. Tampa, FL 33612  
Cell: 813-270-4425 Fax: 813-374-0170

**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: CARISMA AUTO GROUP INC.  
2. The principal office address: 12234 N. FLORIDA AVE. TAMPA, FL 33612

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

4. Date of incorporation/qualification: 04/12/2002 Document number: P02000042730

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

12234 N. FLORIDA AVE. TAMPA, FL 33612

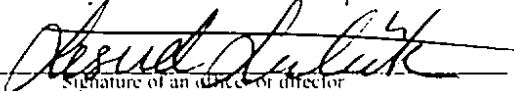
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

12234 N. FLORIDA AVE. TAMPA  
FL 33612

P.O. Box NOT acceptable

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

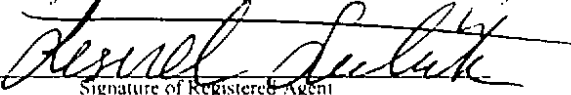
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

SERVET SENTURK, 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

6/14/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)