P0200052687

(Requestor's Name)		
(Ad	idress)	
•		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
		·
PICK-UP	WAIT	☐ MAIL
<u></u>	!	
(Business Entity Name)		
(Do	cument Number)	
(20	ountent rumbery	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		

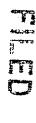
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TRANSMITTAL LETTER

CARIBBEAN COMMUNITY AUTO SALES, INC. SUBJECT: (Name of corporation) DOCUMENT NUMBER: P02000052687 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: JACKSON MARCELIN, ESQUIRE (Name of person) MARCELIN & ASSOCIATES, P.A. (Name of firm/company) 1920 N. ORANGE AVENUE (Address) ORLANDO, FLORIDA 32804 (City/state and zip code) For further information concerning this matter, please call: JACKSON MARCELIN (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

Amendment Section

Division of Corporations

TQ:

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

	e provisions of sections 607.0502, 617.0502, 607	
this statement of FLORIDA	of change is submitted for a corporation organized in order to change its registered office or	
of Florida.	<u> </u>	A a
1. The name of	f the corporation: CARIBBEAN COMMUNITY AUTO	SALES, INC.
2. The principa	al office address: 414 S. ORANGE BLOSSOM TRAI	No.
ORLANDO,		SER 19 38
3. The mailing	address (if different):	FLORAL TO
4. Date of incom	rporation/qualification:5/13/2002Do	ocument number: P02000052687
	nd street address of the current registered agent and artment of State:	l registered office on file with the
	DARIUS CLERVEAU	
	414 S. ORANGE BLOSSOM TRAIL	
	ORLANDO, FL 32805	
6. The name a changed):	and street address of the new registered agent (if	changed) and /or registered office (if
	YVES LEONARD	 ·
	4950 S. ORANGE BLOSSOM TRAIL (P.O. Box or personal mailbox NOT accepta	able)
	ORLANDO, FLORIDA 32839	
The street addragent, as chang	ress of its registered office and the street address oged will be identical.	of the business office of its registered
Such change wanthorized by t	was authorized by resolution duly adopted by its board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.
(Signature of an office		inted or typed name and title) PREUS, DECRETA
I hereby accept I further agree performance or registered age office address,	of the appointment as registered agent and agree to comply with the provisions of all statutes related my duties, and I am familiar with and accept the fit. Or, if this document is being filed merely to reall the corporation has been not been a	to act in this capacity. tive to the proper and complete e obligation of my position as eflect a change in the registered totified in writing of this change.
₹	Signature of Registered Agent)	(Date) (Date)
If signing on beha	alf of an entity:	
	(Typed or Printed Name)	(Capacity)

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