

P02000074243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

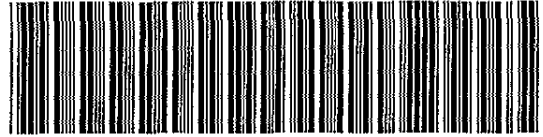
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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: M & M Auto Associates Inc.

DOCUMENT NUMBER: P 02000074243

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Aitamar  
(Name of Contact Person)

M & M Auto Associates Inc.  
(Firm/ Company)

9765 S.O.B.T. #44  
(Address)

Orlando FL 32837  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Maria Aitamar at (407) 8888654  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

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

**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: M2MAuto Associates  
2. The principal office address: 9765 S.O.B.T. #44 Orlando FL 32837  
3. The mailing address (if different): 9765 S.O.B.T. #44 Orlando FL 32837

4. Date of incorporation/qualification: Aug 3/2002 Document number: PO2000074243  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Maria Altamar  
9765 S.O.B.T. #44  
Orlando FL 32837

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

Maria M. Sarmiento  
9765 S.O.B.T. #44  
(P.O. Box NOT acceptable)  
Orlando FL 32837

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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]  
(Signature of an officer or director)

Maria Altamar  
(Printed or typed name and title)

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, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

01-00-05  
(Date)

If signing on behalf of an entity:

Maria M. Sarmiento  
(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 (8/05)