## P020000 75560

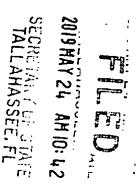
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JUN 0 6 2019 C Kinsey

## **COVER LETTER**

P02000075560

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

TO:

Amendment Section Division of Corporations

DOCUMENT NUMBER:\_\_

CR2E045 (03/12)

SUBJECT: Auto World of Ft. Myers
Name of Corporation

Please return all correspondence concerning this matter to the following:

Roy Broyles Name of Contact Person						
Auto World of Ft. Myers						
Firm/Company /						
10931 Gladiolus Dr. Address						
Ft. Myers FL 33908 Cits/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Roy Broy les at (239) 938-00 Name of Contact Person Area Code & Daytime Teleph	94 D					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Amendment Section Division of Corporations  Street Address: Amendment Section Division of Corporation	ıs					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center ( Tallahassee, FL 32301	Circle					

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

statement of change	isions of sections 607.0502, 6 is submitted for a corporation change its registered office or	i organized under the law:	s of the State of <u></u>	Florida
1. The name of the c	orporation: <u>Auto W</u>	Iorld of Fi	t. Myers	
2. The principal offic	ce address: <u>  10931   G</u>	FL 339	)r	
3. The mailing addre	ss (if different): 202 B	Hyers, FL	33903	<u>-</u>
4. Date of incorporat	ion/qualification:	Document nu	.mber: <u>P020</u>	7000755
5. The name and stre	ret address of the current regis nt of State: (If resigned, enter	stered agent and registered		
	Roy Broyle	<u> </u>		
_3	31600 Berma.	+ Rd		201 SE(
	Punta Gorda	FL 3398	2	9 MAY 2
(if changed):	Roy Broyle 202 Flbus 1. Ft. Myens		J.	MASSESTATE
	1. Ft. Myens	BOX NOT acceptable FL 33 903		
	f its registered office and the			registered agent.
auntiorized by the be	thorized by resolution duly a pard, or the corporation has be noticer director	een notified in writing of	Tectors or by an of the change.  3 voy/es or typed some and title	ficer so
I further agree to co performance of my a agent. Or, if this do	appointment as registered ag imply with the provisions of a hutes, and I am familiar with ocument is being filed merely the corporation has been no	all statutes relative to the h and accept the obligatio to reflect a change in the	proper and compl m of my position a registered office (	ete s registered address, I
Koy Ju	wy	6-10	-19	
If signing on behalf	of Regist <b>d</b> ed Agent of an entity:		Date	
Typed c	or Printed Name	-		

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

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