P02000097664

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
TALLAHASSEF FI DAIE

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COVER LETTER

	ent Section of Corporations	
SUBJECT: First	Hillsborough Auto Tag Agen (Name of Co	cy, Inc. orporation)
DOCUMENT N	JMBER: P02000097664	
The enclosed State	ement of Change of Registered Office	Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter	to the following:
	Kenneth Strochak (Name of Cor	itact Person)
	First Hillsborough Auto Tag Ag (Firm/Co	ency, Inc.
<u> </u>	5759 SW 40th Street (Addr	ess)
<u>!</u>	Miami, FL 33155 (City/State an	d Zip Code)
For further inform	ation concerning this matter, please c	• ,
Jason Strochak (No	ame of Contact Person)	at (305) 794-6666 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.	00 check made payable to the Depart	ment 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

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida	
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: First Hillsborough Auto Tag Agency, Inc.	
2. The principal	al office address: 201 East Kennedy Blvd STE 1700, Tampa, FL 33602	
3. The mailing	g address (if different):	
4. Date of incor	orporation/qualification: 09/06/02 Document number: P02000097664	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	Jason Strochak	
	914 North Federal Highway	·A
	Ft. Lauderdale, FL 33304	
6. The name and (if changed):	914 North Federal Highway Ft. Lauderdale, FL 33304 Ind street address of the new registered agent (if changed) and /or registered office Kenneth Strochak	THE
	Kenneth Strochak	
	5759 SW 40th Street	
	(P.O. Box NOT acceptable)	
	Miami, FL 33155	
The street addr as changed will	lress of its registered office and the street address of the business office of its registered agent, ill be identical.	
Such change wauthorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
) /AS/	Kenneth Strochak - President (Printed or typed name and title)	
I hereby accept I further agree of my duties, ar document is be corporation ha	of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	
SMAST	Signature of Registered Agent) (Date)	
-	pehalf of an entity:	
Kenneth Stro	•	
((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)