Po30003673

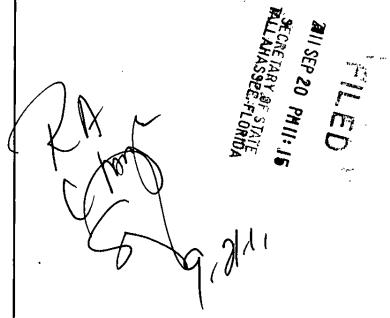
(Requ	estor's Name)		
(Addre	ss)		
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(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Name	e)	
	•	,	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to Fili	ng Officer:		

Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ECT:	Aid Auto Broke	rs, Inc.	·····
		•		
DOCU	MENT NUMBER:	P0300	0003673	
The en	closed Statement of Change	of Registered Office/A	gent and fee are submit	ted for filing.
Please	return all correspondence co	oncerning this matter to	the following:	
		Marc Brar	ndes	
		Name of Contac		****
		Kurkin Forehand B		
		Firm/Comp	any	
		18851 NE 29th Ave		
		Address		
		Aventura, FL 33	3180-2808	
		City/State and 2	Lip Code	
	E-mail addres	s: (to be used for futu	re annual report notifi	cation)
		•	•	,
Car find	than information according	41-1		
roi iuii	ther information concerning	uns matter, please can:		
	Angela Wyli	e į	at (850) Area Code & Daytin	391-5060
	Name of Contact Pe	erson	Area Code & Daytin	ie Telephone Number
Gmala.c.	dia a 625 00 -11d	and the Design		
cheiose	ed is a \$35.00 check made p	ayable to the Departmen	nt of State.	
	Mailing A	ddress: ent Section	Street Address: Amendment Sec	ntion
		of Corporations	Division of Cor	
	P.O. Box		Clifton Building	
		ee, FL 32314	2661 Executive	-
	I mitaliass	vo, 1 11 32317	Tallahassee FL	

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

statement of ch	ange is submitted for a co	rporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida	
	the corporation: Aid AL		nc. ; Pembroke Pines, Fl	33009	
2. The principa	I office address: 1790 O	VV Jour Avenue	, rembloke rines, ri	_ 33003	_
3. The mailing	address (if different):				
4. Date of incor	poration/qualification:	01/10/2003	Document number:	P03000003673	
	d street address of the cur artment of State: (If resign		t and registered office on t	file with the	
	Fuerst Humphrey It	tleman, PL		E M B	
	1001 Brickell Bay D	Prive, Suite 200	2	LAH CRE	LUTTO
	Miami, FL 33131				
6. The name an (if changed):	d street address of the new	v registered agent (i	f changed) and /or register	in the second	「て
	Marc Brandes			ROE	
	18851 NE 29th Ave			- (5	
	Aventure, FL 3318	P.O. Box NOT acc 0-2808	ceptable		
The street addr as changed wil			dress of the business offic	e of its registered agent,	
Such change wanthorized by t	as authorized by resoluti he board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or ed in writing of the chang	by an officer so ge.	
Signatu	ire state other or director		ALC X AOC	RKER ne and title	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and a sions of all statutes l accept the obliga t a change in the re of this change.	gree to act in this capacit s relative to the proper ar- tion of my position as reg egistered office address, l	y. id complete performance istered agent. Or, if this hereby confirm that the	٠
Il /au	() (9/6/11		
	gnature of Registered Agent chalf of an entity:		Date		
3-B 0	Marc Brandes				
T	yped 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)