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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ESTRELLA BODY SHOP, INC. (Name of corporation)
DOCUMENT NUMBER: P03000005847
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:
STAR RAMOS (Name of contact person)
ESTRELLA BODY SHOP, INC.
(Firm/Company)
160 S. W. 9 AVENUE (Address)
HOMESTEAD, FL 33030-6991
(City/state and zip code)
For further information concerning this matter, please call:
STAR RAMOS at (305) 243-8377
STAR RAMOS at (305) 243-8377 (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor inge is submitted for a corporation organized under the laws of the State or to change its registered office or registered agent, or both, in the State	of FL	ORIDA		-
1. The name of	the corporation: ESTRELLA BODY SHOP, INC.		····		
2. The principal	office address: 160 S. W. 9 AVENUE, HOMESTEAD, FL 33030-6991				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: JANUARY 16, 2003 Document number: P03	00000	5847		
	d street address of the current registered agent and registered office on fil rtment of State:	le with	the		
	GEORGINA RAMOS	:	,		
	16211 S. W. 304 TERRACE		TALL	S	
	HOMESTEAD, FL 33033		AHA	- JIII	77
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registere	d office	SSEE, F	8 PM	
	STAR RAMOS		LORI	N: 35	
	160 S. W. 9 AVENUE		TE A	O.	_
	(P.O. Box NOT acceptable)				
	HOMESTEAD, FL 33030-6991				
The street addras changed will	ess of its registered office and the street address of the business office I be identical.	of its	register	ed age	nt,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the change	by an o	fficer so)	
GEORGINA RAMOS - DIRECTOR (Printed or typed name and title)					_
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper an nd I am familiar with and accept the obligation of my position as regi ing filed merely to reflect a change in the registered office address, I s been notified in writing of this change.	d comp stered hereby	olete per agent. confirm	forma Or, if 1 that	nce this the
57	DE (COMO) 06-11-200	5	5/11	10	5
`	ignature of Registered Agent) (Date)				=
If signing on be	ehalf of an entity:				
	STAR RAMOS Typed or Printed Name)				

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