## P030000/5/26

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Direct Automotive Wholosale Ine (Name of Corporation)
DOCUMENT NUMBER: P0300015/26
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:
(Name of Contact Person)  Direct Quantine Wholosale, The  (Firm/Company)
1421 1st st (Address)
City/State and Zip Code)  For further information concerning this matter, please call:
(Name of Contact Person) at (

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
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
1. The name of the corporation: Direct Accompliant Wholesale,
2. The principal office address: 103 W Josherson Quincy  12. The principal office address: 103 W Josherson Quincy
3. The mailing address (if different): 142 157 Keywest FL3
4. Date of incorporation/qualification: 2703 Document number: P030000 15126
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  So e D Cleg horn  Rad W King S +  Duncy H 32351
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  A SH LANCOL  (P.O. Box NOT acceptable)  August 133540
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 of ar office for director)  I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agride 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 holified in writing of this change.
(Signification Registered Right)  If signing on behalf of an entity:  (Typed or Printed Name)  (Date)
* * * FIVING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314