

P03000023824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

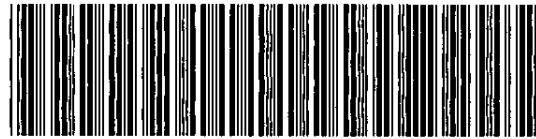
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TALLAHASSEE, FLORIDA

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R.A. Charge
C.COULLETTE

DEC 08 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREMIUM MOBILE LUBE INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000023824

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:

JOSE H. MURILLO
(Name of Contact Person)

PREMIUM MOBILE LUBE INC.
(Firm/Company)

2513 CORBYTON CT.
(Address)

ORLANDO FL-32828
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE MURILLO at (954) 214-8286
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2008

JOSE H. MURILLO
PREMIUM MOBILE LUBE INC.
2513 CORBYTON CT
ORLANDO, FL 32828

SUBJECT: PREMIUM MOBILE LUBE INC.
Ref. Number: P03000023824

We have received your document for PREMIUM MOBILE LUBE INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 708A00054030

RECEIVED
2008 DEC -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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Division of Corporations

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(Firm/Company)

2513 CORBYTON CT.
(Address)

ORLANDO FLORIDA 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE H. MURILLO at (954) 2148286
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PREMIUM MOBILE LUBE INC.
2. The principal office address: 2513 CORBYTON CT.
ORLANDO FL-32828
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 02/27/2003 Document number: P03000023824

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MACINTER CORPORATION
5440 NORTH STATE RD. 7, STE 218
FT. LAUDERDALE, FL 33319

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOSE H. MURILLO
2513 CORBYTON CT.
(P.O. Box NOT acceptable)
ORLANDO FL-32828

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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 an officer or director)

Jose H. Murillo
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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 notified in writing of this change.


(Signature of Registered Agent)

11-13-08
(Date)

If signing on behalf of an entity:


(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)