P03000052799

| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| , , | | | | |
| (Document Number) | | | | |
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| Certified CopiesCertificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

RA Change 09/05/03

TRANSMITTAL LETTER

| I KANSWII I AL LEI I EK | _ = |
|--|----------|
| TO: Amendment Section Division of Corporations Please process Promptly. | RUSH, |
| SUBJECT: SOUTH RIVER DR BODY SHOP, INC. | |
| (Name of corporation) | |
| DOCUMENT NUMBER: P03000052799 | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Anticles of Manufacture of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: | |
| Eduardo R. Guerrero | |
| (Name of person) | |
| Attorney | <u>.</u> |
| (Name of firm/company) | • |
| 2 Alhambra Plaza, #801 | |
| (Address) | |
| Coral Gables, Fl 33134 | - |
| (City/state and zip code) | |
| For further information concerning this matter, please call: | • |
| Ed Guerrero at (305) 529-5868 (Name of person) (Area code & daytime telephone number) | |
| Enclosed is a \$35.00 check made payable to the Department of State. | |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 | |

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

| Pursuant to the provision | s of sections 607.0502, | 617.0502, 607.1508, or 617 | 7.1508, Florida Statut | es, |
|--|---|--|------------------------------|-----------------------------------|
| this statement of change is | submitted for a corpora | tion organized under the law | vs of the State of | |
| Florida in o | order to change its regist | tered office or registered ag | ent, or both, in the St | ate |
| of Florida. | | | | |
| 1. The name of the corpora | ation: South Riv | er Dr Body Shop, | Inc. | |
| 2. The principal office add | ress: 9090 NW So | uth Dr., Bay #25 | | - |
| | Medley, Fl | 33166 | | |
| 3. The mailing address (if | different): same | | | |
| 4. Date of incorporation/qu | ualification: May 5, | 2003 Document numb | per: <u>P030005279</u> | 9 |
| The name and street add Florida Department of S | _ | ered agent and registered off | ice on file with the | |
| | Edel Ga | rcia | | |
| | 9090 NW South | River Dr., Bay #: | 25 | 3 B |
| | Medley, F | 1 33166 | | |
| 6. The name and street as changed): | | 1 33166 ered agent (if changed) and | or registered office | SHORETARY OF SIDIVISION OF CORPOR |
| | Manuel H | orta | | # 중위 *** |
| · · · · · · · · · · · · · · · · · · · | | dress as above | <u>.</u> | RATIONS |
| | | street address of the business | | |
| Such change was authorized by the board, o | ed by resolution duly ad if the comporation has be | opted by its board of directe en notified in writing of the | | |
| (Signature of an officer, chairman or | the chairman of the board) | Manuel Hort | a fresi de | ent |
| I hereby accept the appoint I further agree to comply: | ntment as registered age with the provisions of al | nt and agree to act in this c l statutes relative to the pro and accept the obligation of ed merely to reflect a chang ion has been notified in writ | apacity. per and complete | |
| Cua- | 1/1/ | 1/30 | 103 | _ |
| (Signature of Reg MANUEL HORTA If signing on behalf of an entity | | (Date) | | |
| | | | | Ţ. |
| (Typed or Printed | ŕ | (Capacity) | | |

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

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Note: Manuel Horta is also the new President/Director

Gustavo Fernandez is the new Secretary/Treasurer/Director.

Both at the same address as the principal office.