

P03000052799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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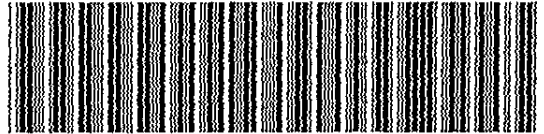
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

*Please process promptly. RUST,*

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.

*and Article of Amendment*  
Please return all correspondence concerning this matter to the following:

Eduardo R. Guerrero  
(Name of person)

Attorney  
(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:**  
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

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