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(Requestor's Name)			
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(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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SECRETARY OF STATE
AHASSEF, FLORIO

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Champion Motors Worldwide, Inc. (Name of Corporation)			
DOCUMENT NUMBER: FEIN 20-5322369			
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:			
Jeffrey A. Harrington . (Name of Contact Person)			
Champion Motors Worldwide, Inc. (Firm/Company)			
3949 Commerce Parkway (Address)			
Miramar, FL 33025			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Jeff Harrington or Nicola Clarke at (954) 513-5161 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of che	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida hange is submitted for a corporation organized under the laws of the State of _ der to change its registered office or registered agent, or both, in the State of I	Florida
1. The name of	f the corporation: Champion Motors Worldwide, Inc.	
	al office address: 3949 Commerce Parkway, Miramar, FL 33025	
3. The mailing a	address (if different):	
4. Date of incor	prporation/qualification: <u>6-23-03</u> Document number: <u>803</u>	000071461
	nd street address of the current registered agent and registered office on file wartment of State:	ith the
	Sanford Z. Chevlin, Esq.	_
	1250 E. Hallandale Blvd. Suite 406	- -,
	Hallandale, FL 33009	O7 AI
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered off:	ATT.
	Jeff Harrington	PH 2: OF STA
	3949 Commerce Parkway	34 RATE
	(P.O. Box NOT acceptable) Miramar, FL 33025	**
The street addreas changed will	ress of its registered office and the street address of the business office of its lightly lig	ts registered agent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an the board, of the corporation has been notified in writing of the change.	officer so
(Signati	Jacob Werba, President and (Printed or typed name and	
I hereby accept I further agree of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity is to domply with the provisions of all statutes relative to the proper and control and I am familiar with and accept the obligation of my position as registered in the given and the proper and control and the properties of the control and the provision as registered in the provision and the control and the provision and the control and th	nplete performance d agent. Or, if this by confirm that the
MI	4/23/07	
' // /	ignification (Date)	
If M ghing on be	ehalf of an entity:	
(1	(Typed or Printed Name)	

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