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FILE NO. 1665-03088

April 26, 2003

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

> Resident Agent Change For Hennelly Tire & Auto, Inc. and The Tire Choice and Total Car Care Company

Dear Sir/Madam:

You will find enclosed a Change of Resident Agent Form for the captioned corporations and a check in the amount of \$70.00 payable to the Florida Department of State. Please change the identity of the resident agent as requested for each such corporation.

Sincerely.

William T. Coleman

Enclosures

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| Tive | | | | |
| SUBJECT: The Choice & Total Car Care Company | | | | |
| (Name of corpo | pration) | | | |
| | | | | |
| DOCUMENT NUMBER: P03000077301 | | | | |
| The enclosed Statement of Change of Registered Office/Agent | and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the f | following: | | | |
| Michael I Mohlornov | | | | |
| Michael J. McNerney (Name of person) | | | | |
| (Name of post | 3011) | | | |
| | | | | |
| Brinkley, McNerney, Morgan, Solomon & Tatum, LLP (Name of firm/co | mpany) | | | |
| (| pu,) | | | |
| 000 Facility Oly Parkward 0, 114 4000 | | | | |
| 200 East Las Olas Boulevard, Suite 1900 (Address) | | | | |
| (11001005) | | | | |
| For the content to Ft. 00004 | | | | |
| Fort Lauderdale, FL 33301 (City/state and zi | n code) | | | |
| | p code) | | | |
| For further information concerning this matter, please call: | | | | |
| Michael J. McNerney | at (954) 522-2200 | | | |
| (Name of person) | at (954) 522-2200 (Area code & daytime telephone number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of | State. | | | |
| Mailing Address: | Street Address: | | | |
| Amendment Section | Street Address: Amendment Section | | | |
| Division of Corporations P.O. Box 6327 | Division of Corporations 409 E. Gaines Street | | | |
| Tallahassee, FL 32314 | Tallahassee, FL 32399 | | | |

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 state | ement o | f |
|--|---|------------------------------------|----------|---------------|
| O . | tted for a corporation organized under the laws of the State of FLORIDA | | _ in ora | ter |
| to change its reg | zistered office or registered agent, or both, in the State of Florida. | | | |
| 1. The name of | the corporation: The Tire Choice & Total Car Care Company | | | |
| 2. The principal | office address: 5899 N.W. 9th Avenue, Fort Lauderdale, FL 33309 | | | _ |
| 3. The mailing a | address (if different): Same | | | <u> </u> |
| 4. Date of incor | poration/qualification: July 22, 2003 Document number: P03000077301 | | | _ |
| | d street address of the current registered agent and registered office on file with the rtment of State: | SS/HALL, SS | 04 AP | ~. |
| | Amy W. Recchio | | APR 29 | عدر در دور |
| | 101 E Kennedy Blvd. Ste. 2800 | SSE | | |
| | Tampa, FL 33062 | - E.S. | PH 2: 08 | , 428 1 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | ATE | 80 | |
| | Michael J. McNerney | | | |
| | 200 East Las Olas Boulevard, Suite 1900 | | | |
| | (P.O. Box or personal mailbox NOT acceptable) | | | |
| | Fort Lauderdale, FL 33301 | | | |
| The street addr changed will be | ess of its registered office and the street address of the business office of its regis e identical. | tered age | ent, as | |
| Such change w the board, or th | as authorized by resolution duly adopted by its board of directors or by an office ecorporation has been notified in writing of the change. | r so auth | orized b | у |
| | Daniel W. Hennelly, Director Signature of an officer or directory (Printed or typed name and | d title) | | |
| l furthér agrée duties, and I an heims filed mer | t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete n familiar with and accept the obligation of my position as registered agent. Or, rely to reflect a change in the registered office address, I hereby confirm that the n writing of this change. | performa if this do corporat | | my t is |
| If signing on bo | (Signature of Registered Agent) (Date) | / | | |
| 2.5 | | | | |
| | (Typed or Printed Name) (Capacity) | | | — |

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