

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Phone : (305)599-0839 Fax Number : (305)716-0346

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REGISTERED AGENT CHANGE

AMERICA RENT CARS SYS. CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing.

Public Access Help

FA Change 08/26/04

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,
the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: AMERICA RENT CARS SYS. CORP.
2. The mailing address of the corporation is: 2801-B NW 42 AVE
MIAMI, FL 33142
3. Date of incorporation/qualification: 11/05/2003 Document number: P03000126992
4. The name and address of the current registered agent and office:
AUGUSTO CORRAL
2801-B NW 42 AVE
MIAMI, FL 33142
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
WUINDER SEGURA
2801-B NW 42 AVE
MTAMT, FL 33142
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. (Signature of an officer (Chaterin or vice chairman of the board)
(Signature of an officer Chaffman or vice chaffman of the board) (Date) .
AVGUSTO CORRAC (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation. 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.
6 Wuffs 08-25-04
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314