

PO3 DDD 149354

Florida Department of State
Division of Corporations
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**REGISTERED AGENT CHANGE
AUTO SHOP REPAIR CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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10-2/23/15

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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 statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AUTO SHOP REPAIR CORP.
 2. The principal office address: 1840 W. 8TH AVENUE,
MIAMI, FL 33010
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-11-2003 Document number: P03000149354

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RENE E GUINONES

9036 SW 143 AVENUE

MIAMI, FL 33186

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RAUL A. MONTANA, ESQ.

175 FONTAINEBLEAU BLVD. SUITE 1A

P.O. Box NOT acceptable

MIAMI, FLORIDA 33176

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, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

ALBERTO RICCI, PRESIDENT

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

2-18-15

If signing on behalf of an entity:

RAUL A. MONTANA, ESQ.

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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