

PO 1000069676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 12 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TMT Auto Wholesale, Inc.

Name of Corporation

DOCUMENT NUMBER: P04000069676

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:

Carolina Quatela

Name of Contact Person

TMT Auto Wholesale, Inc.

Firm/Company

3991 E. Ridgeview Drive

Address

Davie, FL 33330

City/State and Zip Code

TMTAutoInc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Quatela

Name of Contact Person

at (954) 732-0015

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: TMT Auto Wholesale, Inc.
2. The principal office address: 4701 SW 45th Street Bldg. 4 Bay 6 Davie, FL 33314
3. The mailing address (if different): 3991 E. Ridgeview Drive Davie, FL 33330
4. Date of incorporation/qualification: 4/29/2004 Document number: P04000069676
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)

Spiegel & Utrera, P.A.

1840 SW 22nd St. 4th Floor

Miami, FL 33145

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

Spiegel & Utrera, P.A.

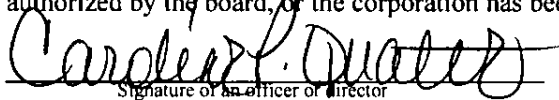
1840 SW 22nd St. 4th Floor

P.O. Box NOT acceptable

Miami, FL 33145

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

Carolina P. Quatela, President

Printed or typed name and title

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

07/28/2014

Date

If signing on behalf of an entity:

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
CR2E045 (03/12)