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Florida Department of State  
Division of Corporations  
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(((H04000152312 3)))

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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8970  
Fax Number : (850) 224-7047

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CLASS ONE AUTO SALES, INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

\$43.75

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RA Change

07/23/04

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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: Class One Auto Sales, Inc  
2. The principal office address: 1520 28th St, Orlando FL 32805  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/18/04 Document number: PO1000079242

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Marshall McCord  
1520 28th St  
Orlando FL 32805

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

Kyan Saul  
1520 28th St  
Orlando, FL 32805  
(P.O. Box NOT acceptable)

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.

Kyan Saul  
(Signature of an officer or director)

Kyan Saul 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.

Kyan Saul  
(Signature of Registered Agent)

7/23/04  
(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

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