

P 0410069109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

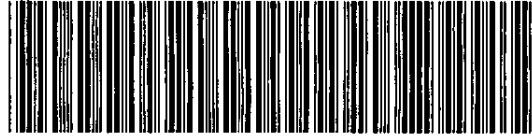
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TALLAHASSEE, FLORIDA

15 SEP -14 AM 11:37

RIA Chg

SEP 08 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2015

SCOTT LAMEIER
5802 S DALE MABRY HWY
TAMPA, FL 33611

SUBJECT: SKJ TRANSMISSIONS, INC.
Ref. Number: P04000090709

We have received your document for SKJ TRANSMISSIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 015A00017768

RECEIVED
15 SEP -4 AM 8:00
[Stamp]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKJ Transmissions, Inc.

Name of Corporation

DOCUMENT NUMBER: P0400009079

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:

Scott Lameier

Name of Contact Person

SKJ Transmissions, Inc.

Firm/Company

5802 S. Dale Mabry Hwy.

Address

Tampa, FL 33611

City/State and Zip Code

aamcotampa@aol.com

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

For further information concerning this matter, please call:

Scott Lameier

Name of Contact Person

at (813) 251-1049

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKJ Transmissions dba Aamco Transmissions

Name of Corporation

DOCUMENT NUMBER: P04000090709

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:

Scott Lameier

Name of Contact Person

SKJ Transmissions dba Aamco Transmissions

Firm/Company

5802 S. Dale Mabry Hwy

Address

Tampa, FL 33611

City/State and Zip Code

aamcotampa@aol.com

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

For further information concerning this matter, please call:

Scott Lameier

Name of Contact Person

at **813 251-1049**

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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: SKJ Transmissions, Inc.
2. The principal office address: 5802 S. Dale Mabry Hwy Tampa, FL 33611

3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 2004 Document number: P04000090709

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)

Scott Lameier

1705 W. Kennedy Blvd

Tampa, FL 33606

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

Scott Lameier

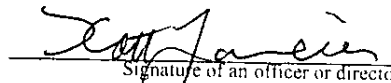
5802 S. Dale Mabry Hwy

P.O. Box NOT acceptable

Tampa, FL 33611

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

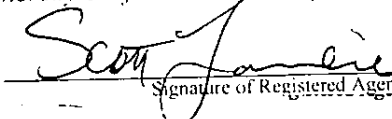
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Scott Lameier, 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

9/1/15

Date

If signing on behalf of an entity:

Scott Lameier

Typed or Printed Name

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