Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247

Fax Number

: (877)527~3463

: (305)675-2811

REGISTERED AGENT CHANGE

DAMAR AUTOMOTIVE, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	e provisions of s	ections 607.0502,	617.0502,	607.1508	3, or 617.1	508, Flor	rida Statutes,	
this statement of	-	sitted for a corpora to change its regis	_				•	
of Florida. 1. The name of	-	DAMAR AUTOMO					4	
	l office address:_	1				<u>چ</u> ے ہے_	-	
	<u> </u>	PANAMA CITY ,	FLORIDA 32	405	• 1		-	
3. The mailing	address (if differ	ent):		<u></u>		<u> </u>	# .	
			. <u>.</u>		2.	<u> </u>		
4. Date of incom	poration/qualific	ation: 9/1/04	 	Docume	nt number	P0400	0126192	
	d street address our fromt of State: A1A REGISTER	of the current regist	ered agent a	ınd regist	ered office	on file w	rith the	
		_			<u>.</u>		۲.	
	92 SADBERRY		<u> </u>					
QUINCY, FLORIDA 32351								
6. The name and street address of the new registered agent (if changed) and /or registered of changed):								
outurgewy.	DAVID LIBERA	TORE						
	2105 SHAMROO	(P.O. Box or personal m	Diam NAT				-	
	LYNN HAVEN, F	` (intropy 14/01 acco					
The street addreagent, as chang	ess of its register ed will be identic	ed office and the s	treet addres	s of the	business o	ffice of it	s registered	
Signature of an officer	Chairman or vice chair	resolution duly ad corporation has bet	_AA	(Printed or t)	ped name and	SEISA-	386	
I hereby accept I further agree performance of registered agen office address,	the appointment to comply with the my duties, and I u. Or, if this doc I hereby confirm	t as registered age, he provisions of all am familiar with t ument is being file that the corporati	nt and agre I statutes re and accept i ed merely to on has been	e to act i lative to the oblig reflect a notified	n this cape the proper ation of m change if in writing	acity, r and com y position i the regi t of this c	npletc i as stered hange.	
A Van	WE KILL	log	\	let.	7 3 10 (Date)	04		
If signing on behal			,			4 f	s i	
	Typed or Printed Name)	<u> </u>			(Capacity)	<u>:</u>	* *	
		* * * FILING F	EE: \$35.00	* * *				

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