PO4000 172359

(Requ	estor's Name)	·····
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	





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COVER LETTER

Amendment Section

TO:

Division of Corporations	
SUBJECT: Hoyt Automotive Inc. Name of Corporation	
DOCUMENT NUMBER: PO4000172359	
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:	
Anthony Hogt Name of Contact Person Hogt Anto Firm/Company	
3445 Cypress Terrace Address	
Pinellas PAKK Fl. 3378/ City/State and Zip Code	
Hoytanto@TAMpabay. rr. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (727) 522-4100 Area Code & Daytime Telephone Number	
Name of Contact Person 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: Hort Automotive Inc.
2. The principal office address: 3445 CYPTESS TETTATE
Pinellas Park #1 33781
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/27/2004 Document number: Po4000 173359
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)
Your Capital Connection inc
417 E Virginia St. Sinto 1
Tallahassee, fl 3030/
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Anthony Hoyt
3445 Cypress Terrace P.O. Box NOT acceptable
P.O. Box NOT acceptable Pinulas Park F1 33781
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, of the corporation has been notified in writing of the change.
Signature of an object or director Anthony Hoyst offices. Printed or typed name and little
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 porporation has been notified in writing of this change.
Signature of Registered Agent 9/15/16 Date
If signing on behalf of an entity:

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

Typed or Printed Name