

PO5000010068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARDON TIRE CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P05000010068

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:

LUCIO ARDON
(Name of Contact Person)

ARDON TIRE CORPORATION
(Firm/Company)

2808 N. DIXIE HWY
(Address)

WILTON MANORS, FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

LUCIO ARDON at (954) 563=8373
(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

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Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2009

LUCIO ARDON
2808 N. DIXIE HWY
WILTON MANORS, FL 33334

SUBJECT: ARDON TIRE CORPORATION
Ref. Number: P05000010068

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 709A00012836

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARDON TIRE CORPORATION
2. The principal office address: 2808 N. DIXIE HWY
WILTON MANORS, FL 33334
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/18/05 Document number: P05000010068

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)

2808 N. DIXIE HWY

WILTON MANORS, FL 33334

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

LUCIO ARDON

2808 N. DIXIE HWY

WILTON MANORS, FL 33334

(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.

+Lucio Ardon
(Signature of an officer or director)

LUCIO ARDON
(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.

+Lucio Ardon
(Signature of Registered Agent)

04/10/09
(Date)

If signing on behalf of an entity:

LUCIO ARDON
(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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA