P05000014886

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/ZIp/Fillone #)
PICK-UP WAIT MAIL
•
" (Business Entity Name)
(Document Number)
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MC BODY SHOP & AUTO SALES, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: P05000014886			
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:			
ONNIE CLARK (Name of Contact Person)			
DONNIE CLARK & ASSOCIATES (Firm/Company)			
912 N 21st STREET (Address)			
FORT PIERCE, FLORIDA 34950 (City/State and Zip Code)			
For further information concerning this matter, please call:			
DONNIE CLARK at (561) 662-7235 (Name of Contact Person) (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 statement of change is submitted for a corporation organi	•	
in order to change its registered office or register	red agent, or both, in the State of Florida.	
1. The name of the corporation: MC BODY SHOP & AUTO	O SALES, INC.	
2. The principal office address: 303 North 25th Street		
Fort Pierce, Florida 34947		
3. The mailing address (if different):	4, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	
4. Date of incorporation/qualification: 01/24/2005	Document number: P05000014886	
5. The name and street address of the current registered ag Florida Department of State:	s made	
Madeline Etienne	08 : \$60 41.L	
303 North 25th Street	SEP 16 CRETARY LAHASS	<u>n</u>
Fort Pierce, Florida 34947	استراب المساور	
6. The name and street address of the new registered agent (if changed):	t (if changed) and /or registered office	D
Denise Barron		
303 North 25th Street		
(P.O. Box NOT acceptable)		
Fort Pierce, Florida 34947		
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered ag	ent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
1) ema Same	Denise Barron, President/Director	
(Signature of an officer of director) I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	(Printed or typed name and title) I agree to act in this capacity. Ites relative to the proper and complete perform gation of my position as registered agent. Or, is registered office address, I hereby confirm that	ance f this t the
Denni Barron	08/23/2008	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
(Typed or Printed Name) * * * FILING FE	E: \$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)