

PD5000057626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

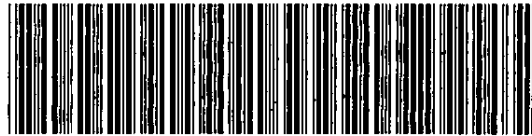
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

OCT - 7 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKYLINE MOTORS CORP DBA BR Auto MAUL
Name of Corporation

DOCUMENT NUMBER: P05000057626

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:

CAROLINE LARSON
Name of Contact Person

LARSON ACCOUNTING & CONSULTING LLC
Firm/Company

8810 COMMODITY CIR STE 17
Address

ORLANDO FL 32819
City/State and Zip Code

LARSON_CAROLINE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON at (407) 370 3686
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: SKYLINE MOTORS CORP.
2. The principal office address: 6823 N. FLORIDA AVE.
TAMPA, FL 33604
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/19/2005 Document number: P05000057626

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)
TAX HOUSE CORPORATION
1100 S. FEDERAL HWY
DEERFIELD BEACH FL 33441

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LARSON ACCOUNTING & CONSULTING SERVICES LLC
8810 COMMODITY CIR STE 17
P.O. Box NOT acceptable
ORLANDO FL 32819

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] _____ Renato Sosa PRESIDENT
Signature of an officer or director 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] _____ 09.24.09
Signature of Registered Agent Date

If signing on behalf of an entity:
CAROLINE LARSON
Typed or Printed Name

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