P05000071436

D. Do. Certified Pa ———————————————————————————————————	uglas () ublic Accor hurtered ==== RAL HIGHWAY • SUI EACH, FLORIDA 334	TC 114
(City/State/Zip/Phone #)		
PiCK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
`	,	,
(Document Number)		
(23)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
,		
}		

Office Use Only



100158349471

100158349471 07/15/09--01007--001 **35.00

O9 JUL 15 AM 8: 22

NECRETARY OF STATE PLORID.

MAchanse Theres 7-21-09

' 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: T.C.A. Automotive, Inc.
2. The principal office address: 3505 Georgia Hwy 20
Buford, Ga 30519
3. The mailing address (if different):
4. Date of incorporation/qualification: May 9, 2α5 Document number: 805000071436
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)
HRAWG CORP
1801 N MILITARY TR STE 260
BOCA RATON, FL 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
D Douglas Hill, Ofthe Charles 3 8
201 N. Tederal Hy Ste 114 P.O. BOX NOT acceptable
Deerfield Bd. 9 33441
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 of air officer or director Brian J. Allism, Bro
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.
<u> </u>
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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