

POSD000126207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

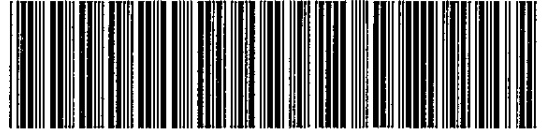
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.S.A. MOTORS INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000126207

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:

ANGEL M. QUILES

(Name of Contact Person)

C.S.A. MOTORS INC.

(Firm/Company)

2200 FORSYTH RD.

(Address)

ORLANDO , FL. 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL M. QUILES

(Name of Contact Person)

at (407-) 716-5938

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 1, 2005

ANGEL M QUILES
C.S.A. MOTORS INC.
4340 WATERMILL AVE
ORLANDO, FL 32817

2ND MAILING

SUBJECT: C.S.A. MOTORS INC
Ref. Number: P05000126207

We have received your document for C.S.A. MOTORS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must have original signatures.

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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 805A00062225

RECEIVED
05 NOV 15 AM 8:00
DIVISION OF CORPORATIONS

**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: C.S.A. MOTORS INC
2. The principal office address: 2200 FORSYTH RD. ORLANDO, FL 32807
3. The mailing address (if different): 4340 WATERMILL AVE. ORLANDO, FL 32817
4. Date of incorporation/qualification: 09/13/2005 Document number: P05000126207
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BLANCA N. PICON

2200 FORSYTH RD.

ORLANDO, FL 32807

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

ANGEL M. QUILES

9407 E. COLONIAL DR.

(P.O. Box NOT acceptable)

ORLANDO, FL 32817

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TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE

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]
(Signature of an officer or director)

Angel Quiles V.P.
(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]
(Signature of Registered Agent)

11/07/2005

(Date)

If signing on behalf of an entity:

Angel Quiles
(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)