## PO 6000061303

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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)6 JUN -8 AMII: 28 SECRETARY OF STATE ALLAHASSEE, FLORID

## **COVER LETTER**

Amendment Section

Division of Corporations		
SUBJECT: Renoun Auto Motion Sales INC. (Name of Corporation)		
DOCUMENT NUMBER: 00 6 000 06 13 13		
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:		
(Name of Contact Person)		
AU Inclusive Accounting IN(. (Firm/Company)		
1585 S. Bol Char Rd. Suite A		
(114450)		
Clearnatory P 33764 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (72) 539-119/ (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  Street Address:  Amendment Section  Division of Corporations  Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

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: Renun Ando matice Sales Inc.
2. The principal office address: 2948 Area 54 Apt 1223
Clearwater, Fl 33759
3. The mailing address (if different):
4. Date of incorporation/qualification: 5-1-2006 Document number: \$\frac{10600061313}{20000061313}
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
William a Brunes Es &
1593 S. Belchar Rd. Apt 6 器量n
Clearniter, F1 33764
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TAIA Steele
2948 Prom St, Apt 1223 (P.O. Box NOT acceptable)
Clearnator PT 33764
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 an efficer of director)  Tara Steele 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.
Sanature 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 \* \* \*