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

TO: Amendment Section Division of Corporations

SUBJECT. Automobile Loaders of Florida

Name of Corporation

DOCUMENT NUMBER: PO

P06000065836

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:

Howard Helfer

Name of Contact Person

Automobile Loaders of

Firm/Company

13290 NW 45th Avenue

Address

Opa Locka, FL 33054

City/State and Zip Code

howard@automobileloaders.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Helfer

.,954

651-5315

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: Automobile Loaders of Florida $\prod_{n \in \mathbb{N}} C$.	
2. The principal office address: 8730 NW 36th Avenue Miami, FL 33147	_
3. The mailing address (if different): 13290 NW 45th Avenue Opa Locka, FL 33054	_
4. Date of incorporation/qualification: 05/09/2006 Document number:	
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)	
- angela Pizarro 7730 nw 36 Aug Misari Cl 22/1/7	
6. The name and street address of the new registered agent (if changed) and /or registered office 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	•
13290 NW 45th Avenue P.O. Box NOT acceptable Opa Locka, FL 33054	
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 officer or director 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 of Registered Archi Date	
If signing on behalf of an entity: HOWARD Helfel. Typed or Printed Name	

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