P06000070467

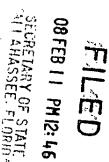
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Reel auto sales,inc |
| (Name of Corporation) |
| DOCUMENT NUMBER: P06000070467 |
| 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: |
| Michael Mcgrath (Name of Contact Person) |
| (Name of Contact Person) |
| Reel Auto Sales, INC |
| (mis company) |
| 6/2 5 W Rederal Huy: STEB |
| STUART FL, 34994-2915 |
| (City/State and Zip/Code) |
| For further information concerning this matter, please call: |
| Michael Mcgrath (Name of Contact Person) at (772) 323-1748 (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

TO:

Amendment Section

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: Reel AUTO SALES, INC |
| | 2. The principal office address: 6/2 SIN Research Heavy |
| | STUART FL 34994-2915 |
| | 3. The mailing address (if different): |
| | |
| | 4. Date of incorporation/qualification: 5/18/2006 Document number: POG000070467 |
| | 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| | Reel Auto Sales Face F T |
| | 1012 CW Releas Potent ST = F |
| | (TUART K/- 34994 - 7915 77 3 1 |
| | SIAI CRI |
| | 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| 16 | w-address Reel AUIO SALES, INC |
| · | 1 1563 SE SOUTH WIEMEYER Ci. |
| | PORT SAINT Lucie FL, 34952-3507 |
| | 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. |
| | Michael M. Latt Michael Michael Michael Michael Michael Pres (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. |
| | Michael What 2/5/08 (Signature of Registered Agent) (Date) |
| | If signing on behalf of an entity: |
| | MILHAEL M GAATH (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)