PO6000133514

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only) Clates 2 ps 110 to my						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
_ ·						
Comunity						
Corrected document by telephony can the 5/5/08						
JL 3/5/N						
,						

Office Use Only



500125738825

04/29/08--01034--013 ++35.00

Ro Chy

TABLAMASSEE. FLORIDA

8 APR 29 PM 4:

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: DOUBLE R MOTORS (Name of Corporation)	INC						
DOCUMENT NUMBER: 6 06 307 9 00 99							
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:							
ROGER L. RAT (Name of Contact Person)	IGAN						
DOUBLE R MOTO (Firm/Company)	RS						
5760 S. LANDINGS DR (Address)	# 1709						
FORT MYERS FL. 33 (City/State and Zip Code)	3919						
For further information concerning this matter, please call:							
ROGER L. RATIGAN at (239 (Name of Contact Person) (Area Code) 939 - 5236 & Daytime Telephone Number)						
Enclosed is a \$35.00 check made payable to the Department of State.							
Division of Corporations P.O. Box 6327 Clifton Tallahassee, FL 32314 2661 E	Address: Iment Section on of Corporations on Building Executive Center Circle assee, FL 32301						

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is subn	nitted for a corpo	ration organize	d under the la	617.1508, Florid wrs of the State o _j oth, in the State oj	f
1. The name of t	he corporat	tion: D	OUBLE	R mot	ORS, INC	
2. The principal	office addr	ess: <u>3714</u>	FOWL	ER ST	<u>, , , , , , , , , , , , , , , , , , , </u>	
F	ORT	MYERS	, FL	33901		
3. The mailing a	ddress (if d	ifferent): 5 &	740 S.	LANDI	NGS DR	丑 1709
4. Date of incorp	ocration/qua	alification: 10	1-19-06	Document	number: <u>P</u>	06000133514
5. The name and Florida Depar		ate: ROGER	L. RA	TIGAN	ed office on file	08 APR
		8897	BANYAN) COVE		29
					33919	PA 4: 12 FEE FLORIE office
6. The name and (if changed):	l street addr	ress of the new re	egistered agent (if changed) ar	nd /or registered o	office Office 12
		ROGER	3 L.	RATIG	AN	<u> </u>
		5260	S. LAND	ings I	OR # 1709	1_
					33919	
The street addre	ess of its re	gistered office a	nd the street ad	dress of the b	ousiness office of	fits registered agent,
Such change wa authorized by th	is authorize ne board, oi	ed by resolution r the corporation	duly adopted b	y its board of ied in writing	directors or by of the change.	an officer so
MIN (Signation	ire of an office	Marector)		R (P	SER L	RATIGAN
I libreby accept Iffurther agree to of my duties, cy document is bein corporation has	'o co st ply v d I am fam ng filed me	vith the provisio iliar with and a crely to veil at a	ns of all statute ecept the obliga change in the r	aaraa to act i	n this canacity	omplete performance red agent. Or, if this reby confirm that the
Kogli	enature of Regi	MAJAN SIGNAL	· ·	 -	4 - 28 - 01	\$
If signing on be					(Sate)	
	Sepred or Printa	J. Manya)				

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