

P06000136593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

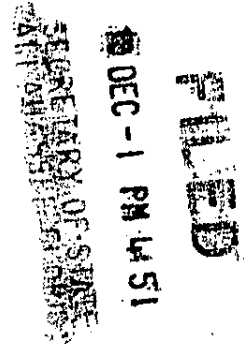
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12/01/10--01017--023 **35.00



RA Change

12-7-10

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CountyLine DRAGWAY INC.
Name of Corporation

DOCUMENT NUMBER: P06000 136593

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:

John MUNOZ
Name of Contact Person

CountyLine DRAGWAY Inc.
Firm/Company

4001 GRIFFIN Rd. Unit 3
Address

Ft. Lauderdale, FL 33314
City/State and Zip Code

JohnMUNOZ 624 @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Munoz at (954) 588-5005
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: County Line Dracway, Inc.
2. The principal office address: 4001 GRIFFIN Rd. Unit 3
Ft. Lauderdale, FL. 33314
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2006 Document number: P06000 136593

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)

Peter Scalzo (Resigned)

1066 SW 2nd Ave.

Pompano Beach, FL. 33060

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

John Munoz

4001 GRIFFIN Rd. Unit 3

P.O. Box NOT acceptable

Ft. Lauderdale, FL. 33314

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.

John Munoz
Signature of an officer or director

John Munoz V. Pres.
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.

John Munoz
Signature of Registered Agent

11-17-10
Date

If signing on behalf of an entity:

John Munoz
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