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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Carlie Motors Inc.  Name of Corporation
DOCUMENT NUMBER: 0600148662
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:
Dana Carila Name of Contact Person
Carlile Motors, tuc.
3763 Oleander Aue.  Address
Fort Pieve K1. 34982  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dana Cavile  Name of Contact Person  at (772) 460 - 0314  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

statement of cha	nge is submitted for a	s 607.0502, 617.0502, a corporation organiz ered office or register	ed under the law	s of the State of _		_
1. The name of t	he corporation:	Carlie	Motors	tuc.		
2. The principal	office address:	3763 Dle	an lev		<del></del>	
3. The mailing a	ddress (if different):_	FP / FI.	34982			
4. Date of incorp	oration/qualification	: 11/30/2000	Document m	umber: <u>P040</u>	000 14860	2
5. The name and	I street address of the timent of State: (If res	current registered age signed, enter resigned)	ent and registered	office on file wi	ith the	
	The la	W OFFicer	- OF Nic	ck Sprad	IIh PLL	C
	400 W.	Henry Aul	_Stu 3	306'		
	<u> </u>	mpa, F1.	336/4	<del> </del>	_ ~ <u>.</u>	
6. The name and (if changed):		new registered agent	(if changed) and	or registered of	IN SEP 23	TILE
	3763 Oleand Fort Pierce	der Avenue , FL 34982 <sub>Box NOT a</sub>	acceptable		PM 1: 42 OF STATE EE. FLORIGE	0
The street addre	ess of its registered o be identical.	office and the street ac	ddress of the bus	siness office of i	ts registered age	ent,
Such change wa authorized by th	is authorized by reso ie board, or the corp	olution duly adopted oration has been noti	by its board of d fied in writing o	irectors or by ar f the change.	ı officer so	
Danl	e of an officer or director		Presid	lent	itla	_
I hereby accept	the appointment as	registered agent and rovisions of all statut and accept the oblig flect a change in the iting of this change.	acree to act in t	his canacity		nce this the
Dan U	nature of Registered Agent		_	19 - 11		_
v	half of an entity:					
Dana V	Carlile					
Ту	ped or Printed Name	***************************************				

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